

<i>SERFF Tracking Number:</i>	<i>CRUM-126929256</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>United States Fire Insurance Company</i>	<i>State Tracking Number:</i>	<i>47456</i>
<i>Company Tracking Number:</i>			
<i>TOI:</i>	<i>H19G Group Health - Travel</i>	<i>Sub-TOI:</i>	<i>H19G.000 Health - Travel</i>
<i>Product Name:</i>	<i>Travel Plan</i>		
<i>Project Name/Number:</i>	<i>/</i>		

## Filing at a Glance

Company: United States Fire Insurance Company

Product Name: Travel Plan

TOI: H19G Group Health - Travel

Sub-TOI: H19G.000 Health - Travel

Filing Type: Form

SERFF Tr Num: CRUM-126929256 State: Arkansas

SERFF Status: Closed-Approved-  
Closed

Co Tr Num:

Authors: Vera Harwell, Debbie  
Deluccia, Howard DeBare, George  
French

Date Submitted: 12/06/2010

State Status: Approved-Closed

Reviewer(s): Rosalind Minor

Disposition Date: 12/08/2010

Disposition Status: Approved-  
Closed

Implementation Date Requested: On Approval

State Filing Description:

Implementation Date:

## General Information

Project Name:

Project Number:

Requested Filing Mode:

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 12/08/2010

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Group

Group Market Size: Small and Large

Group Market Type: Trust

Explanation for Other Group Market Type:

State Status Changed: 12/08/2010

Created By: Vera Harwell

Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: Debbie Deluccia

Filing Description:

This is a Travel Plan for persons traveling in or out of the United States. It provides for accidental injury or sickness that occurs while the person is traveling and other incidental benefits related to the trip.

## Company and Contact

### Filing Contact Information

Vera Harwell, Compliance Manager

vharwell@fairmontspecialty.com

SERFF Tracking Number: CRUM-126929256 State: Arkansas  
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 Company Tracking Number:  
 TOI: H19G Group Health - Travel Sub-TOI: H19G.000 Health - Travel  
 Product Name: Travel Plan  
 Project Name/Number: /

5 Christopher Way 732-918-6713 [Phone]  
 Eatontown, NJ 07724 732-918-4755 [FAX]

### Filing Company Information

United States Fire Insurance Company CoCode: 21113 State of Domicile: Delaware  
 305 MADISON AVENUE Group Code: 158 Company Type:  
 MORRISTOWN, NJ 07962 Group Name: State ID Number:  
 (973) 490-6600 ext. [Phone] FEIN Number: 13-5459190

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### Filing Fees

Fee Required? Yes  
 Fee Amount: \$250.00  
 Retaliatory? Yes  
 Fee Explanation: \$50 per form times 5 forms.  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
United States Fire Insurance Company	\$250.00	12/06/2010	42669466

SERFF Tracking Number:	CRUM-126929256	State:	Arkansas
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TOI:	H19G Group Health - Travel	Sub-TOI:	H19G.000 Health - Travel
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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	12/08/2010	12/08/2010

<i>SERFF Tracking Number:</i>	<i>CRUM-126929256</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>United States Fire Insurance Company</i>	<i>State Tracking Number:</i>	<i>47456</i>
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<i>Product Name:</i>	<i>Travel Plan</i>		
<i>Project Name/Number:</i>	<i>/</i>		

## Disposition

Disposition Date: 12/08/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	CRUM-126929256	State:	Arkansas
Filing Company:	United States Fire Insurance Company	State Tracking Number:	47456
Company Tracking Number:			
TOI:	H19G Group Health - Travel	Sub-TOI:	H19G.000 Health - Travel
Product Name:	Travel Plan		
Project Name/Number:	/		

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Form	Master Travel Policy	Approved-Closed	Yes
Form	Travel Certificate	Approved-Closed	Yes
Form	Master Application	Approved-Closed	Yes
Form	Enrollment Form	Approved-Closed	Yes
Form	Participation Agreement	Approved-Closed	Yes

SERFF Tracking Number: CRUM-126929256 State: Arkansas  
 Filing Company: United States Fire Insurance Company State Tracking Number: 47456  
 Company Tracking Number:  
 TOI: H19G Group Health - Travel Sub-TOI: H19G.000 Health - Travel  
 Product Name: Travel Plan  
 Project Name/Number: /

## Form Schedule

### Lead Form Number: T110-MP

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 12/08/2010	T110-MP	Policy/Cont ract/Fratern al Certificate	Master Travel Policy	Initial		40.300	Travel Policy.pdf
Approved-Closed 12/08/2010	T110-CER	Certificate	Travel Certificate	Initial		40.900	Travel Certificate.pdf
Approved-Closed 12/08/2010	T110-MAP	Application/ Enrollment Form	Master Application	Initial		40.800	Application.pdf
Approved-Closed 12/08/2010	E-T110	Application/ Enrollment Form	Enrollment	Initial		40.700	Enrollment Form.pdf
Approved-Closed 12/08/2010	PA-110	Application/ Enrollment Form	Participation Agreement	Initial		40.900	Travel.USF. Participation Agreement.pdf

United States Fire Insurance Company  
Administrative Office: 5 Christopher Way,  
Eatontown, NJ 07724  
(Hereinafter referred to as "the Company")

**TRAVEL [PROTECTION] [INSURANCE] [POLICY]**

In consideration of the application submitted, United States Fire Insurance Company has issued

Policy Form \_\_\_\_\_

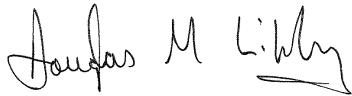
to \_\_\_\_\_  
(called the Policyholder)

This Policy of Insurance describes the insurance benefits underwritten by United States Fire Insurance Company, herein referred to as the Company and also referred to as We, Us and Our. [The insurance benefits vary from program to program.] Please refer to the [accompanying Confirmation of Benefits] [Schedule of Benefits], which provides the Insured with specific information about the program he/she purchased. [The Insured should contact the Company immediately if he/she believes that the [Confirmation of Benefits] [Schedule of Benefits] is incorrect.]

[Insurance provided herein is subject to all of the terms and conditions of the Policy. If there is a conflict between the Policy and [Certificate] [Plan], the Policy will govern.]

This Policy is signed for the Company by the Officer named below.

**Signed for United States Fire Insurance Company By:**



Douglas M. Libby  
Chairman and CEO

\_\_\_\_\_  
Licensed Resident Agent  
(where required by law)

**[TABLE OF CONTENTS]**

[SCHEDULE OF BENEFITS]  
SECTION I. COVERAGES  
SECTION II. DEFINITIONS  
SECTION III. INSURING PROVISIONS  
SECTION IV. GENERAL EXCLUSIONS  
SECTION V. GENERAL PROVISIONS  
[SECTION VI. COORDINATION OF BENEFITS]]

**[SCHEDULE OF BENEFITS]**

Benefit Amount	Maximum Benefit
<b>[Part A – Travel Arrangement Protection]</b>	
[Trip Cancellation] .....	[Trip Cost] [Amount Purchased] [\$150,000]]
[Trip Interruption] .....	[[150% of] Trip Cost] [Amount Purchased] [\$150,000]]
[Missed Connection] .....	[\$5,000]]
[Travel Delay] [(Up to [\$1,000] Per Day)] .....	[\$10,000]
<b>[Part B – Travel Insurance Benefits]</b>	
[Accidental Death and Dismemberment] .....	[\$1,000,000]]
[24-Hour (Other than Air Flight)] .....	[\$250,000]]
[24-Hour (Other than Common Carrier)] .....	[\$250,000]]
[Air Flight Only] .....	[\$1,000,000]]
[Common Carrier Only] .....	[\$1,000,000]]
[Medical Expense/Emergency Assistance]	
[Accident Medical Expense] .....	[\$1,000,000]]
[Sickness Medical Expense] .....	[\$1,000,000]]
[Emergency Medical Evacuation] .....	[\$1,000,000]]
[Non-Emergency Medical Evacuation] .....	[\$1,000,000]]
[Non-Medical Emergency Evacuation] .....	[\$50,000]]
[Baggage and Personal Effects] .....	[\$10,000]]
[Baggage Delay] [(Up to [\$500] Per Day)] .....	[\$2,500]]
[Sports Equipment Rental] [(Up to [\$500] Per Day)]	[\$2,500]]

[Cancel For Any Reason Benefit] .....	[[Up To] [100%] of Non-Refundable Trip Cost]]
[Rental Car Damage] .....	[\$50,000]]
[Itinerary Change] .....	[\$5,000]]
[Lost Skier Days] .....	[\$5,000]]
[Property Damage Liability] .....	[\$10,000]]
[Search and Rescue] .....	[\$10,000]]

**SECTION I. COVERAGES**

**[[COVERAGE A]  
[[24-HOUR] ACCIDENTAL DEATH AND DISMEMBERMENT]]**

The Insured is eligible for benefits 24 hours a day [other than air flight] [other than Common Carrier], up to the Maximum Benefit Amount shown in the [Confirmation of Benefits] [Schedule of Benefits], when he/she sustains an Injury during the Trip which results in a Loss noted below within [181] days of the date of the Injury causing the Loss.

Benefits will be paid as follows:

Type of Loss	Benefit Amount
[Loss of Life]	Principal Sum]
[Loss of both hands]	Principal Sum]
[Loss of both feet]	Principal Sum]
[Loss of both eyes]	Principal Sum]
[Loss of one hand and one foot]	Principal Sum]
[Loss of one hand and one eye]	Principal Sum]
[Loss of one foot and one eye]	Principal Sum]
[Loss of one hand]	Half of the Principal Sum]
[Loss of one foot]	Half of the Principal Sum]
[Loss of one eye]	Half of the Principal Sum]
[Loss of thumb and index finger of the same hand]	Quarter of the Principal Sum]

**Loss of hand or hands, or foot or feet**, means severance at or above the wrist joint or ankle joint, respectively.

**Loss of eye or eyes** means the total and irrecoverable loss of the entire sight thereof.

Only one of the amounts shown above (the largest applicable) will be paid for Injuries resulting from one accident.

The benefit for loss of: (a) two limbs; (b) both eyes; or (c) one limb and one eye is payable only when such loss results from the same accident.

The Principal Sum is shown in the [Confirmation of Benefits] [Schedule of Benefits].]

#### **[EXPOSURE AND DISAPPEARANCE]**

If, while insured under this Coverage [A], the Insured is unavoidably exposed to the elements because of a covered accident and suffers a loss for which benefits are payable under this Coverage [A], such loss will be covered.

If, while insured under this Coverage [A], the Insured is in an accident resulting in the disappearance, sinking or damaging of an air or water conveyance on which he/she is covered by this Coverage [A], and if his/her body has not been found within [52 weeks] from the date of the accident, it will be presumed, unless there is evidence to the contrary, that he/she suffered loss of life as a result of those Injuries.]

These benefits will not duplicate any other benefits payable under the Policy or any coverage(s) attached to the Policy.]]

#### **[[[COVERAGE B] [COMMON CARRIER] ACCIDENTAL DEATH AND DISMEMBERMENT]**

The Insured is eligible for benefits, up to the Maximum Benefit Amount shown in the [Confirmation of Benefits] [Schedule of Benefits], when he/she sustains covered Injuries: received while a passenger (not as a pilot, operator or member of the crew) riding in, boarding or alighting from a public conveyance provided by a Common Carrier that result in any of the following losses within [181 days] from the date of the accident.

Benefits will be paid as follows:

Type of Loss	Benefit Amount
[Loss of Life	Principal Sum]
[Loss of both hands	Principal Sum]
[Loss of both feet	Principal Sum]
[Loss of both eyes	Principal Sum]
[Loss of one hand and one foot	Principal Sum]

[Loss of one hand and one eye	Principal Sum]
[Loss of one foot and one eye	Principal Sum]
[Loss of one hand	Half of the Principal Sum]
[Loss of one foot	Half of the Principal Sum]
[Loss of one eye	Half of the Principal Sum]
[Loss of thumb and index finger of the same hand	Quarter of the Principal Sum]

**Loss of hand or hands, or foot or feet**, means severance at or above the wrist joint or ankle joint, respectively.

**Loss of eye or eyes** means the total and irrecoverable loss of the entire sight thereof.

Only one of the amounts shown above (the largest applicable) will be paid for Injuries resulting from one accident.

The benefit for loss of: (a) two limbs; (b) both eyes; or (c) one limb and one eye is payable only when such loss results from the same accident.

These benefits will not duplicate any benefits payable under the Policy or any coverage(s) attached to the Policy.]

The Principal Sum is shown in the [Confirmation of Benefits] [Schedule of Benefits].]

#### **[EXPOSURE AND DISAPPEARANCE]**

If, while insured under this Coverage [B], the Insured is unavoidably exposed to the elements because of a covered accident and suffers a loss for which benefits are payable under this Coverage [B], such loss will be covered.

If, while insured under this Coverage [B], the Insured is in an accident resulting in the disappearance, sinking or damaging of an air or water conveyance on which he/she is covered by this Coverage [B], and if his/her body has not been found within [52 weeks] from the date of the accident, it will be presumed, unless there is evidence to the contrary, that he/she suffered loss of life as a result of those Injuries.]

These benefits will not duplicate any other benefits payable under the Policy or any coverage(s) attached to the Policy.]]

#### **[[[COVERAGE C] [ACCIDENTAL DEATH AND DISMEMBERMENT [- AIR FLIGHT ONLY]]]**

The Insured is eligible for benefits, up to the Maximum Benefit Amount shown in the [Confirmation of Benefits] [Schedule of Benefits], when he/she sustains covered Injuries:

- (a) while riding solely as a passenger in an aircraft on a regularly scheduled airline flight or regularly scheduled charter flight [operated:
  - (i) in scheduled air transportation pursuant to economic authority issued by the Civil Aeronautics Board;
  - (ii) by an intrastate scheduled airline of United States registry maintaining regularly published schedules and licensed for the transportation of passengers by a duly constituted authority having jurisdiction over civil aviation in the state in which said airline operates; or
  - (iii) by a scheduled airline of foreign registry maintaining regularly published schedules and licensed for transportation of passengers by the duly constituted governmental authority having jurisdiction over civil aviation in the country of registry of such airline[.] [.] [or]
- (b) while riding as a passenger in any land or water conveyance provided at the expense of the air carrier as a substitute for an aircraft covered by this Policy[.] [.]
- [(c) while riding as a passenger in a vehicle licensed to carry passengers for hire, but only when going to an airport to board an aircraft on which he/she is covered by this Policy or when leaving an airport after alighting from such an aircraft; or]
- [(d) while upon airport premises designated for passenger use immediately before boarding or immediately after alighting from an aircraft on which he/she is covered by this Policy[.] [.]

that result in any of the following losses within [181 days] from the date of the accident.

Benefits will be paid as follows:

Type of Loss	Benefit Amount
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[Loss of Life]	Principal Sum]
[Loss of both hands]	Principal Sum]
[Loss of both feet]	Principal Sum]
[Loss of both eyes]	Principal Sum]
[Loss of one hand and one foot]	Principal Sum]
[Loss of one hand and one eye]	Principal Sum]
[Loss of one foot and one eye]	Principal Sum]
[Loss of one hand]	Half of the Principal Sum]
[Loss of one foot]	Half of the Principal Sum]
[Loss of one eye]	Half of the Principal Sum]
[Loss of thumb and index finger of the same hand]	Quarter of the Principal Sum]

**Loss of hand or hands, or foot or feet**, means severance at or above the wrist joint or ankle joint, respectively.

**Loss of eye or eyes** means the total and irrecoverable loss of the entire sight thereof.

Only one of the amounts shown above (the largest applicable) will be paid for Injuries resulting from one accident.

The benefit for loss of: (a) two limbs; (b) both eyes; or (c) one limb and one eye is payable only when such loss results from the same accident.

The Principal Sum is shown in the [Confirmation of Benefits] [Schedule of Benefits].

[Flight Only Accidental Death and Dismemberment also includes an Accident Medical Expense Benefit that provides the Insured a maximum of [\$50] of Accident Medical Expense Benefit Limit for each [\$1,000] of his/her chosen Flight Only Accidental Death and Dismemberment Benefit amount.

Covered Accident Medical Expenses incurred due to Injury only are paid up to the maximum Accident Medical Expense Benefit Limit, for the following eligible expenses: treatment by a Legally Qualified Physician; care or service from a Hospital; services provided by an ambulatory medical-surgical facility; home health care from a licensed home health agency, but only if continued Hospital care would have otherwise been required; attendance of a registered graduate nurse; X-ray examination; or, use of an ambulance.

[The Insured must receive initial medical treatment within [30 days] of the date of accident. Eligible Medical Expenses must be incurred within [52 weeks] of the date of accident. This insurance does not cover injuries received while making a parachute jump (unless to save a life)].]

#### [EXPOSURE AND DISAPPEARANCE

If, while insured under this Coverage [C], the Insured is unavoidably exposed to the elements because of a covered accident and suffers a loss for which benefits are payable under this Coverage [C], such loss will be covered.

If, while insured under this Coverage [C], the Insured is in an accident resulting in the disappearance, sinking or damaging of an air or water conveyance on which he/she is covered by this Coverage [C], and if his/her body has not been found within [52 weeks] from the date of the accident, it will be presumed, unless there is evidence to the contrary, that he/she suffered loss of life as a result of those Injuries.]

These benefits will not duplicate any other benefits payable under the Policy or any coverage(s) attached to the Policy.]

#### [[COVERAGE D] [ACCIDENT MEDICAL EXPENSE]

[Benefits will be paid for the Covered Expense incurred, up to the Maximum Benefit Amount shown in the [Confirmation of Benefits] [Schedule of Benefits], as a result of an accidental Injury, which first occurs during the Trip. Only Covered Expenses incurred during the Trip will be reimbursed. Expenses incurred after the Trip are not covered.]

[Benefits will be paid for the Covered Expense incurred, up to the Maximum Benefit Amount shown in the [Confirmation of Benefits] [Schedule of Benefits], as a result of an accidental Injury, which first occurs during the Trip. [The Insured must receive the initial Medical Treatment for the Injury within [30 days] after the date of the accident which caused the Injury.] [All services [,] [supplies] or treatment must be received within the [52 weeks] following the date of the accident.] [All Covered Expenses must be incurred by the Insured within [365 days] of his/her Injury] [[30] days of the Scheduled Return Date of his/her Trip].]

[Benefits will include [up to \$750 for] expenses for emergency dental treatment due to Injury to natural teeth.]

[Benefits will include [up to \$750 for] expenses incurred during the Insured's Trip for emergency dental treatment. Only expenses for emergency dental treatment to natural teeth incurred during the Trip will be reimbursed. Expenses incurred after the Trip are not covered.]

Benefits will not be paid in excess of the Usual and Customary Charges.

[Advance payment will be made to a Hospital, up to the Maximum Benefit Amount, if needed to secure the Insured's admission to a Hospital, because of a covered accidental Injury. The [Program Medical Advisor] [authorized travel assistance company] will coordinate advance payment to the Hospital.]

For the purpose of this benefit:

"Covered Expense" means expense incurred only for the following:

1. The medical services, prescription drugs, [prosthetics,] [and] therapeutic services [and supplies] ordered or prescribed by a Legally Qualified Physician as Medically Necessary for treatment;
2. Hospital or ambulatory medical-surgical center services [(including expenses for a cruise ship cabin or hotel room, not already included in the cost of the Insured's Trip, if recommended as a substitute for a hospital room for recovery from an Injury)];
3. Transportation furnished by a professional ambulance company to and/or from a Hospital.

These benefits will not duplicate any benefits payable under the Policy or any coverage(s) attached to the Policy.])

#### [[COVERAGE E [SICKNESS MEDICAL EXPENSE]

[Benefits will be paid for the Covered Expense incurred, up to the Maximum Benefit Amount shown in the [Confirmation of Benefits] [Schedule of Benefits], as a result of a Sickness, which first occurs during the Trip. Only Covered Expenses incurred during the Trip will be reimbursed. Expenses incurred after the Trip are not covered.]

[Benefits will be paid for the Covered Expense incurred, up to the Maximum Benefit Amount shown in the [Confirmation of

Benefits] [Schedule of Benefits], as a result of a Sickness, which first occurs during the Trip. [The Insured must receive the initial Medical Treatment for the Sickness within [30] days after the date of the Sickness.] [All services, supplies or treatment must be received within the [52] weeks following the date of the Sickness.] [All Covered Expenses must be incurred by the Insured within [365] days of his/her Sickness] [[30] days of the Scheduled Return Date of his/her Trip].]

[Benefits will include [up to \$750 for] expenses for emergency dental treatment due to Injury to natural teeth.]

[Benefits will include [up to \$750 for] expenses incurred during the Insured's Trip for emergency dental treatment. Only expenses for emergency dental treatment to natural teeth incurred during the Trip will be reimbursed. Expenses incurred after the Trip are not covered.]

Benefits will not be paid in excess of the Usual and Customary Charges.

[Advance payment will be made to a Hospital, up to the Maximum Benefit Amount, if required to secure the Insured's admission to a Hospital, up to the Maximum Benefit Amount, because of a covered Sickness. The [Program Medical Advisor] [authorized travel assistance company] will coordinate advance payment to the Hospital.]

For the purpose of this benefit:

"Covered Expense" means expense incurred only for the following:

1. The medical services, prescription drugs, [prosthetics,] [and] therapeutic services [and supplies] ordered or prescribed by a Legally Qualified Physician as Medically Necessary for treatment;
2. Hospital or ambulatory medical-surgical center services [(including expenses for a cruise ship cabin or hotel room, not already included in the cost of the Insured's Trip, if recommended as a substitute for a hospital room for recovery from a Sickness)];
3. Transportation furnished by a professional ambulance company to and/or from a Hospital.

[These benefits will not duplicate any other benefits payable under the Policy or any coverage(s) attached to the Policy.]

#### [[COVERAGE F] [TRIP CANCELLATION]

Benefits will be paid, up to the Maximum Benefit Amount shown in the [Confirmation of Benefits] [Schedule of Benefits], to reimburse the Insured for the amount of [the Published Penalties] [and] [unused non-refundable prepaid Payments [or Deposits]] he/she paid for Travel Arrangements [, including up to [\$150] for the cost of airline-imposed fees to rebook frequent flyer miles for air flights to join his/her Trip] when he/she prevented from taking his/her Trip due to:

1. [the Insured's[,] [or] [a Family Member's] [,] [or] [a Traveling Companion's] [or] [a Business Partner's] [or] [a Child Caregiver's] death, which occurs before departure on the Insured's Trip;]
2. [the Insured's[,] [or] [a Family Member's] [,] [or] [a Traveling Companion's] [or] [a Business Partner's] [or] [a Child Caregiver's] covered [Sickness] [or] [Injury], which: a) occurs before departure on the Insured's Trip, b) requires Medical Treatment at the time of cancellation resulting in medically imposed restrictions, as certified by a Legally Qualified Physician, and c) and prevents the Insured's participation in the Trip;]

3. For the **Other Covered Reasons** listed below;

provided such circumstances occur while coverage is in effect.

"**Other Covered Reasons**" means:

- [a. the Insured or his/her Traveling Companion being hijacked, quarantined, required to serve on a jury (notice of jury duty must be received after his/her Effective Date), served with a court order to appear as a witness in a legal action in which he/she or his/her Traveling Companion is not a party (except law enforcement officers);]
- [b. the Insured's or his/her Traveling Companion's primary place of residence [or destination] being rendered uninhabitable [and remaining uninhabitable during the Insured's scheduled Trip,] by fire, flood, burglary or other natural disaster;]

- [c. the Insured's or his/her Traveling Companion's place of employment is rendered unsuitable for business due to fire, flood, burglary or other natural disaster and he/she and/or his/her Traveling Companion are required to work as a result;]
- [d. a documented theft of passports or visas;]
- [e. a permanent transfer of employment of [250] miles or more;]
- [f. the Insured or his/her Traveling Companion being directly involved in a traffic accident, substantiated by a police report, while en route to his/her scheduled point of departure;]
- [g. unannounced Strike that causes complete cessation of services for at least [12] consecutive hours of the [Common] [Air] Carrier on which the Insured scheduled to travel;]
- [h. Inclement Weather that causes complete cessation of services for at least [12] consecutive hours of the [Common] [Air] Carrier on which the Insured is scheduled to travel;]
- [i. mechanical breakdown that causes complete cessation of services for at least [12] consecutive hours of the [Common] [Air] Carrier on which the Insured is scheduled to travel;]
- [j. a government-mandated shutdown of an airport or air traffic control system due to a natural disaster;]
- [k. the Insured or his/her Traveling Companion is in the military and called to emergency duty for a national disaster other than war;]
- [l. involuntary employer termination or layoff [which occurs [30] days or more after the Insured's Effective Date] [of] [affecting] the Insured [or a Traveling Companion]. Employment must have been with the same employer for at least [1] continuous year;]
- [m. a Terrorist Incident that occurs within [30] days of the Insured's Scheduled Departure Date in a city listed on the itinerary of his/her Trip. [This same city must not have experienced a Terrorist Incident within the 90 days prior to the Terrorist Incident that is causing his/her cancellation of the Trip.] [Benefits are not

provided if the Travel Supplier offers a substitute itinerary];]

- [n. revocation of the Insured's previously granted military leave or re-assignment due to war. Official written revocation/re-assignment by a supervisor or commanding officer of the appropriate branch of service will be required[;][.]] [This benefit only applies if the Policy has been purchased within [10] days of the Insured's initial payment for the Trip and for the full cost of the Covered Trip];]
- [o. Bankruptcy or Default of [a] [an] [airline,] [or] [cruise line,] [tour operator] [or other travel provider] [(other than the [Travel Supplier] [,] [tour operator] [or] [travel agency,] [organization or firm] from whom the Insured purchased [his/her] Travel Arrangements [supplied by others]])] causing a complete cessation of travel services more than [14] days following his/her Effective Date. [Benefits will be paid due to Bankruptcy or Default of an airline only if no alternate transportation is available. If alternate transportation is available, benefits will be limited to the change fee charged to allow him/her to transfer to another airline in order to get to his/her intended destination.] This benefit only applies if the Policy has been purchased [within [15] days of the date the Insured's initial deposit/payment for the Trip is received;] [at or before the final payment due date for the Trip;] [with or before the final payment for the Trip;] [no later than [60] days prior to the Scheduled Departure Date of the Trip; or if the Trip is initially booked within [60] days of the Scheduled Departure Date of the Trip, his/her payment for this plan is received [with] [within [2] days of] the initial deposit/payment for the Trip;] [within [7] days] of [February 1st of each year] [the date of the acceptance letter from [Travel Supplier Name]] [and the Insured insures the full cost of the Trip subject to penalties or restrictions];]
- [p. the Insured's family or friends living abroad with whom he/she are planning to stay are unable to provide accommodations due to life threatening illness, life threatening injury or death of one of them;]
- [q. the Insured, his/her Traveling Companion or a Family Member traveling with him/her is required to work during the Trip. A written statement by an unrelated company official and/or the Human Resources

department demonstrating revocation of previously approved time off will be required [,] [The Insured, his/her Traveling Companion or Family Member cannot be a company owner or partner] [,] [This benefit only applies if the Policy has been purchased [within [15] days of the Insured's initial payment for the Trip];]

- [r. mandatory evacuation, or official public evacuation advisements where there is no mandatory evacuation order issued, by local government authorities at the Insured's Trip destination due to adverse weather or natural disaster. In order to cancel his/her Trip, he/she must have [4] days or [50%] of his/her total Trip length or less remaining on his/her Trip at the time the mandatory evacuation ends;]
- [s. felonious assault of the Insured or his/her Traveling Companion within [10] days of the Scheduled Departure Date;]
- [t. the Insured, his/her Traveling Companion or Family Member traveling with him/her are directly involved in the merger of the Insured's employer or the acquisition of his/her employer by another company][.][The Insured, his/her Traveling Companion or Family Member cannot be a company owner or partner];]
- [u. a cancellation of the Insured's Trip within [24] hours of his/her Scheduled Departure Date and time if his/her Trip destination is under a hurricane warning issued by the NOAA National Hurricane Center, provided the cancellation of his/her Trip occurs more than [14] days following his/her Effective Date of coverage for the Trip Cancellation Benefits;]
- [v. the primary or secondary school that the Insured, his/her Family Member [traveling with him/her] or Traveling Companion attends continues classes beyond the predefined school year, due to unforeseeable events which: 1) occur after the Insured's Effective Date for Trip Cancellation; and 2) cause the classes to extend beyond the Scheduled Departure Date of his/her Trip. Extensions due to extra-curricular or athletic events are not covered;]
- [w. a cancellation of the Insured's Trip if his/her arrival on the Trip is delayed and causes him/her to lose 50% or more of the scheduled Trip duration due to the reasons covered under the Missed Connection Benefit.]]

[If the Insured must reschedule the Trip due to a covered reason, a benefit will be paid, up to a maximum of [\$150], for the reissue fee charged by the airline to change his/her tickets.]

[All cancellations must be reported to the Travel Supplier within [72 hours] of the event causing the need to cancel. If the event delays the reporting of the cancellation beyond the [72 hours], the event should be reported as soon as possible. Increased amounts of [Published Penalties] [and] [unused non-refundable prepaid Payments [or Deposits] that result from all other delays of reporting beyond [72 hours] are not covered.]

[If the Insured's Travel Supplier cancels the Insured's Trip, a benefit will be paid [up to a maximum of [\$150]] for the reissue fee charged by the airline for the tickets. [The Insured must have covered the entire cost of the Trip including the airfare cost.]]

[The maximum payable under this benefit is the lesser of a) the Maximum Benefit Amount shown in the Schedule of Benefits; or b) the total amount of coverage the Insured purchased.]]

#### **[[Single Supplement]**

[Benefits will be paid, up to the Maximum Benefit Amount, for the additional cost incurred as a result of a change in the per person occupancy rate for prepaid Travel Arrangements if a Traveling Companion's or Family Member's Trip is canceled for a covered reason and the Insured does not cancel his/her Trip.]

[These benefits will not duplicate any other benefits payable under the Policy or any coverage(s) attached to the Policy.]]

#### **[[COVERAGE G] [TRIP INTERRUPTION]**

Benefits will be paid, up to [the lesser of a)] the Maximum Benefit Amount shown in the [Confirmation of Benefits] [Schedule of Benefits] [, or b)] [150% of] the total amount of coverage the Insured purchased[, to reimburse him/her for the prepaid Payments [or Deposits] for unused non-refundable land or water Travel Arrangements] [plus] [the Additional Transportation Cost paid]:

[a] to join the Insured's Trip if he/she must depart after his/her Scheduled Departure Date or travel via alternate travel arrangements by the most direct route possible to reach his/her Trip destination; or]

- [b] to [rejoin the Insured's Trip or] transport the Insured to his/her originally scheduled return destination, if he/she must interrupt his/her Trip after departure [, each by the most direct route possible].]

Trip Interruption must be due to:

1. [The Insured's, [a Family Member's] [,] [or] Traveling Companion's] [or] [Business Partner's] [or] [Child Caregiver's] death, which occurs while the Insured is on his/her Trip;]
2. [the Insured's, [a Family Member's] [,] [or] Traveling Companion's] [or] [Business Partner's] [or] [Child Caregiver's] covered [Sickness] [or] [Injury] which: a) occurs while he/she is on his/her Trip, b) requires Medical Treatment at the time of interruption resulting in medically imposed restrictions, as certified by a Legally Qualified Physician, and c) prevents his/her continued participation on the Trip;]
3. For the **Other Covered Reasons** listed below;

provided such circumstances occur while coverage is in effect.

**"Other Covered Reasons"** means:

- [a. the Insured or his/her Traveling Companion being hijacked, quarantined, required to serve on a jury (notice of jury duty must be received after his/her Effective Date) served with a court order to appear as a witness in a legal action in which he/she or his/her Traveling Companion is not a party (except law enforcement officers);]
- [b. the Insured's or his/her Traveling Companion's primary place of residence [or destination] being rendered uninhabitable [and remaining uninhabitable during his/her scheduled Trip,] by fire, flood, burglary or other natural disaster;]
- [c. the Insured's or his/her Traveling Companion's place of employment is rendered unsuitable for business due to fire, flood, burglary or other natural disaster and he/she and/or his/her Traveling Companion are required to work as a result;]
- [d. a documented theft of passports or visas;]
- [e. a permanent transfer of employment of [250] miles or more;]

- [f. the Insured or his/her Traveling Companion being directly involved in a traffic accident, substantiated by a police report, while en route to his/her scheduled point of departure;]
- [g. unannounced Strike that causes complete cessation of services for at least [12] consecutive hours of the [Common] [Air] Carrier on which the Insured is scheduled to travel;]
- [h. Inclement Weather that causes complete cessation of services for at least [12] consecutive hours of the [Common] [Air] Carrier on which the Insured is scheduled to travel;]
- [i. mechanical breakdown that causes complete cessation of services for at least [12] consecutive hours of the [Common] [Air] Carrier on which the Insured is scheduled to travel;]
- [j. a government-mandated shutdown of an airport or air traffic control system for reasons other than terrorism or an act of war;]
- [k. the Insured or his/her Traveling Companion is in the military and called to emergency duty for a national disaster other than war;]
- [l. involuntary employer termination or layoff [which occurs [30] days or more after the Insured's Effective Date] [of] [affecting] the Insured [or a Traveling Companion]. Employment must have been with the same employer for at least [1] continuous year;]
- [m. a Terrorist Incident that occurs within [30] days of the Insured's Scheduled Departure Date in a city listed on the itinerary of his/her Trip. [This same city must not have experienced a Terrorist Incident within the 90 days prior to the Terrorist Incident that is causing the Insured's interruption of the Trip.] [Benefits are not provided if the Travel Supplier offers a substitute itinerary];]
- [n. revocation of the Insured's previously granted military leave or re-assignment due to war. Official written revocation/re-assignment by a supervisor or commanding officer of the appropriate branch of service will be required;][.][.][.][This benefit only applies if the Policy has been purchased within [10] days of the

Insured's initial payment for the Trip and for the full cost of the Trip];]

- [o. Bankruptcy or Default of [a] [an] [airline,] [or] [cruise line,] [tour operator] [or other travel provider] [(other than the [Travel Supplier] [,] [tour operator] [or] [travel agency,] [organization or firm] from whom the Insured purchased [his/her] Travel Arrangements [supplied by others]])] causing a complete cessation of travel services more than [14] days following his/her Effective Date. [Benefits will be paid due to Bankruptcy or Default of an airline only if no alternate transportation is available. If alternate transportation is available, benefits will be limited to the change fee charged to allow the Insured to transfer to another airline in order to get to his/her intended destination.] This benefit only applies if the Policy has been purchased [within [15] days of the date his/her initial deposit/payment for the Trip is received;] [at or before the final payment due date for the Trip;] [with or before the final payment for the Trip;] [no later than [60] days prior to the Scheduled Departure Date of the Trip; or if the Trip is initially booked within [60] days of the Scheduled Departure Date of the Trip, the Insured's payment for this plan is received [with] [within [2] days of] the initial deposit/payment for the Trip;] [within [7] days] of [[insert date] of each year] [the date of the acceptance letter from [Travel Supplier Name]] [and the Insured insures the full cost of the Trip subject to penalties or restrictions];]
- [p. the Insured's family or friends living abroad with whom he/she is planning to stay are unable to provide accommodations due to life threatening illness, life threatening injury or death of one of them;]
- [q. the Insured, his/her Traveling Companion or a Family Member traveling with him/her is required to work during the Trip. A written statement by an unrelated company official and/or the Human Resources department demonstrating revocation of previously approved time off will be required [,] [The Insured, his/her Traveling Companion or Family Member cannot be a company owner or partner] [,] [This benefit only applies if the Policy has been purchased [within [15] days of the Insured's initial payment for the Trip];]
- [r. mandatory evacuation, or official public evacuation advisements where there is no mandatory evacuation

order issued, by local government authorities at the Insured's Trip destination due to adverse weather or natural disaster. In order to cancel his/her Trip, he/she must have [4] days or [50%] of his/her total Trip length or less remaining on his/her Trip at the time the mandatory evacuation ends;]

- [s. felonious assault of the Insured or his/her Traveling Companion within [10] days of the Scheduled Departure Date;]
- [t. the Insured, his/her Traveling Companion or Family Member traveling with him/her is directly involved in the merger of the Insured's employer or the acquisition of his/her employer by another company[.].] [The Insured, his/her Traveling Companion or Family Member cannot be a company owner or partner;]
- [u. a cancellation of the Insured's Trip within [24] hours of his/her Scheduled Departure Date and time if his/her Trip destination is under a hurricane warning issued by the NOAA National Hurricane Center, provided the cancellation of his/her Trip occurs more than [14] days following his/her Effective Date of coverage for the Trip Cancellation Benefits;]
- [v. the primary or secondary school that the Insured, his/her Family Member [traveling with him/her] or Traveling Companion attends continues classes beyond the predefined school year, due to unforeseeable events which: 1) occur after the Insured's Effective Date for Trip Cancellation; and 2) cause the classes to extend beyond the Scheduled Departure Date of his/her Trip. Extensions due to extra-curricular or athletic events are not covered;]
- [w. a cancellation of the Insured's Trip if his/her arrival on the Trip is delayed and causes him/her to lose 50% or more of the scheduled Trip duration due to the reasons covered under the Missed Connection Benefit.]]

**[[Additional Trip Interruption Benefits:]**

[We will provide reimbursement for unused, non-refundable hotel cancellation expenses prepaid to the hotel and return air expenses incurred by the Insured, [up to [150%] of the amount insured] [up to [\$2,500]], if his/her sporting competition is rescheduled or cancelled due to weather.]

[If the Insured's Traveling Companion must remain hospitalized, benefits will also be paid for reasonable accommodation [, telephone call] and local transportation expenses incurred by the Insured to remain with his/her Traveling Companion up to [[\$200] per day, limited to [10] days] [a maximum of [\$1,000]].]

[If the Insured cannot continue travel due to a covered Injury or Sickness not requiring hospitalization and he/she must extend his/her Trip due to medically imposed restrictions, as certified by a Legally Qualified Physician, benefits will be paid for additional hotel nights up to [[\$200] per day, limited to [10] days] [a maximum of [\$1,000]].]

[If the Insured interrupts his/her Trip for a covered reason, We will also reimburse him/her, up to [\$1,000], for the amount of unused, forfeited, non-refundable payments for shore excursions; theater, concert or event tickets or fees; or sightseeing if such arrangements are made during his/her Trip and are to be used prior to the Scheduled Return Date of his/her Trip.]

**[[Single Supplement]**

[Benefits will be paid, up to the Maximum Benefit Amount, for the additional cost incurred as a result of a change in the per person occupancy rate for prepaid Travel Arrangements if a Traveling Companion's or Family Member's Trip is interrupted for a covered reason and the Insured does not interrupt his/her Trip.]

[These benefits will not duplicate any other benefits payable under the Policy or any coverage(s) attached to the Policy.]]

**[[COVERAGE H]  
[BAGGAGE AND PERSONAL EFFECTS]**

[Benefits will be provided to the Insured, up to the Maximum Benefit Amount shown in the [Confirmation of Benefits] [Schedule of Benefits]: (a) against all risks of permanent loss, theft or damage to his/her Baggage and Personal Effects; (b) subject to all General Limitations and Exclusions and the Additional Limitations and Exclusions Specific to Baggage and Personal Effects in the Policy; and (c) occurring while coverage is in effect.

**[Valuation and Payment of Loss:]** The lesser of the following amounts will be paid:

- 1) the Actual Cash Value at the time of loss, theft or damage, except as provided below;

- 2) the cost to repair or replace the article with material of a like kind and quality; or
- 3) [\$300] per article.

[For claimed items without original receipts, payment of loss will be calculated based upon [75%] of the Actual Cash Value at the time of loss, not to exceed [\$300] per article.]

[We may take all or part of a damaged Baggage as a condition for payment of loss. In the event of a loss to a pair or set of items, We will:

- 1) repair or replace any part to restore the pair or set to its value before the loss; or
- 2) pay the difference between the value of the property before and after the loss.]

[A combined maximum of [\$600] will be paid for jewelry; precious or semi-precious stones; watches; articles consisting in whole or in part of silver, gold or platinum; furs or articles trimmed with fur; cameras and their accessories and related equipment [, computer, digital or electronic equipment or media].]

[A maximum of [\$50] will be paid for the cost of replacing a passport or visa.]

[A maximum of [\$50] will be paid for the cost associated with the unauthorized use or replacement of lost or stolen credit cards, subject to verification that the Insured has complied with all conditions of the credit card company.]

**[Baggage and Personal Effects does not include:**

- 1) animals;
- 2) automobiles and automobile equipment;
- 3) boats or other vehicles or conveyances;
- 4) trailers;
- 5) motors;
- 6) aircraft;
- 7) [bicycles, except when checked as baggage with a Common Carrier;]
- 8) household effects and furnishings;
- 9) antiques and collectors items;

- 10) [eyeglasses] [sunglasses], contact lenses, artificial teeth, dentures, dental bridges, retainers, [or] [other orthodontic devices] [or] [hearing aids];
- 11) artificial limbs or other prosthetic devices;
- 12) [prescribed medications];
- 13) keys, money, stamps and credit cards (except as otherwise specifically covered herein);
- 14) securities, stamps, tickets and documents (except as coverage is otherwise specifically provided herein);
- 15) [[professional] [or] [occupational] equipment or property, whether or not electronic business equipment:] [or]
- [16] [sporting equipment if the loss results from the use thereof:] [or]
- [17] [telephones or PDA devices] [,] [computer hardware or software:]

**[Baggage Delay:** If, while on a Trip, the Insured's checked baggage is delayed or misdirected by a Common Carrier for more than [24 hours] from his/her time of arrival at a destination other than his/her return destination, benefits will be paid, up to the Maximum Benefit Amount shown in the [Confirmation of Benefits] [Schedule of Benefits], for the actual expenditure for necessary personal effects. The Insured must be a ticketed passenger on a Common Carrier. The Common Carrier must certify the delay or misdirection. Receipts for the purchases must accompany any claim.]

[We will also reimburse the Insured up to [\$25] for expenses incurred during his/her Trip to expedite the return of his/her delayed Baggage. This coverage terminates upon his/her arrival at the return destination of his/her Trip.]]

**[Baggage Delay:** We will reimburse the Insured [, less any amount paid or payable from any other valid and collectible insurance or indemnity], up to the amount shown in the [Confirmation of Benefits] [Schedule of Benefits], for the cost of reasonable additional clothing and personal articles purchased by him/her, if his/her Baggage is delayed for [24] hours or more during his/her Trip.)

[We will also reimburse the Insured up to [\$25] for expenses incurred during his/her Trip to expedite the return of his/her

delayed Baggage. This coverage terminates upon his/her arrival at the return destination of his/her Trip.]]

**[Additional Limitations and Exclusions Specific to Baggage and Personal Effects [:]**

Benefits are not payable for any loss caused by or resulting from:

- a) [breakage of brittle or fragile articles:]
- b) [wear and tear or gradual deterioration:]
- c) [confiscation or appropriation by order of any government or custom's rule:]
- d) [theft or pilferage while left in any unlocked [or unattended] vehicle:]
- e) [property illegally acquired, kept, stored or transported:]
- f) [the Insured's negligent acts or omissions; or]
- g) [property shipped as freight or shipped prior to the Scheduled Departure Date [:]
- h) [electrical current, including electric arcing that damages or destroys electrical devices or appliances.]

**[Additional Provisions applicable to Baggage and Personal Effects [and Baggage Delay] [:]**

[Benefits will not be paid for any expenses which have been reimbursed or for any services which have been provided by the Common Carrier, hotel or Travel Supplier [: nor will benefits be paid for loss or damage to property specifically scheduled under any other insurance].]

**[Additional Claims Provisions Specific to Baggage**

Insured's Duties After Loss of or Damage to Property or Delay of Baggage: In case of loss, theft, damage or delay of baggage or personal effects, and Insured must:

- a) take all reasonable steps to protect, save or recover the property:
- b) promptly notify, in writing, either the police, hotel proprietors, ship lines, airlines, railroad, bus, airport or other station authorities, tour operators or group leaders, or any Common Carrier or bailee who has custody of the Insured's property at the time of loss:

- c) produce records needed to verify the claim and its amount ,and permit copies to be made:
- d) provide to the Company, within [90 days] from the date of loss, a detailed proof of loss signed and sworn to: and
- e) be examined, if requested.]

[These benefits will not duplicate any other benefits payable under the Policy or any coverage(s) attached to the Policy.]]

**[[COVERAGE J]  
[TRAVEL DELAY]**

Benefits will be paid [up to [\$150] per day] for: [1)] [the non-refundable, unused portion of the prepaid expenses for the Trip [as long as the expenses are supported by proof of purchase and are not reimbursable by any other source]]: [and] [2)] reasonable accommodation, meal [, telephone call] and local transportation expenses incurred by the Insured, up to the Maximum Benefit Amount shown in the [Confirmation of Benefits] [Schedule of Benefits], if he/she is delayed for [12] hours or more while en route to or from, or during his/her Trip, due to:

- a) any delay of a Common Carrier (the delay must be certified by the Common Carrier);
- b) a traffic accident in which the Insured or his/her Traveling Companion is not directly involved (must be substantiated by a police report);
- c) lost or stolen passports, travel documents or money (must be substantiated by a police report);
- d) quarantine, hijacking, Strike, natural disaster, terrorism or riot;
- e) a documented weather condition preventing the Insured from getting to the point of departure.

[If the Insured is delayed by a Common Carrier while en route to the final return destination of his/her Trip and has placed his/her cat or dog in a kennel for the duration of the Trip and he/she is unable to collect cat or dog on the day previously agreed with the kennel, benefits will be paid up to [\$50 per day], [on a one-time basis,] up to the Maximum Benefit Amount to cover the necessary additional kennel fees.

The Insured must provide the following documentation when presenting a claim for these benefits:

- a) Written confirmation of the reasons for delay from the Common Carrier whose delay resulted in the loss, including but not limited to; scheduled departure and return times and actual departure and return times;
- b) Written confirmation from the kennel advising the original pick-up date and the actual pick-up date.]

[We will reimburse the Insured up to [\$100] for airline club admission incurred at a sponsored airline club at the airport during which time he/she is experiencing a flight delay. Receipts for the expenses incurred must be submitted for reimbursement.]

[We will reimburse the Insured up to [\$50] for expenses incurred directly related to internet usage fees incurred during the time he/she is experiencing a Common Carrier delay. Receipts for the expenses incurred must be submitted for reimbursement.]

[We will reimburse the Insured for one movie rental up to [\$25], in the event his/her delay results in an overnight stay (other than his/her home residence) if he/she is delayed en route to or from the Trip. This does not include movie rentals that are rated "X" or above by the Classification and Rating Administration (CARA).]

[Benefits will not be paid for any expenses, which have been reimbursed, or for any services that have been provided by the Common Carrier.]

[These benefits will not duplicate any other benefits payable under the Policy or any coverage(s) attached to the Policy.]

#### **[[COVERAGE K]**

##### **[EMERGENCY MEDICAL EVACUATION], [MEDICAL REPATRIATION] [AND RETURN OF REMAINS]**

When the Insured suffers loss of life for any reason or incur a Sickness or Injury during the course of a Trip, the following benefits are payable, up to the Maximum Benefit Amount shown in the [Confirmation of Benefits] [Schedule of Benefits].

1. **[Emergency Medical Evacuation:** If the local attending Legally Qualified Physician and the [Program Medical Advisor] [authorized travel assistance company] determine that transportation to a Hospital or medical facility is Medically Necessary to treat an unforeseen Sickness or Injury which is acute or life threatening and adequate Medical Treatment is not available in the immediate area, the Transportation Expense incurred will be paid for the Usual and Customary Charges for transportation to the closest Hospital or medical facility capable of providing that treatment.

[If the Insured is traveling alone and will be hospitalized for more than [7] consecutive days and Emergency Evacuation is not imminent, benefits will be paid to transport one person, chosen by him/her, by Economy Transportation, for a single visit to and from his/her bedside.]

[If the Insured is in the Hospital for more than [7] consecutive days and his/her dependent children who are [under [18] years] of age and accompanying him/her on the Trip are left unattended, Economy Transportation will be paid to return the dependents to their home (with an attendant, if considered necessary [by the Program Medical Advisor] [by the authorized travel assistance company]).]

2. **[Non-Emergency Medical Evacuation:** If the local attending Legally Qualified Physician and the [Program Medical Advisor] [authorized travel assistance company] determine that it is Medically Necessary for the Insured to return to his/her primary place of residence because of an unforeseen Sickness or Injury which is acute or life-threatening, the Transportation Expense incurred will be paid for the Insured's return to his/her primary place of residence or to a Hospital or medical facility closest to his/her primary place of residence capable of providing continued treatment via one of the following methods of transportation, as approved, in writing, by the [Program Medical Advisor] [authorized travel assistance company]:
  - i) one-way Economy Transportation;
  - ii) commercial air upgrade (to Business or First Class), based on the Insured's condition as recommended by the local attending Legally Qualified Physician and verified in writing [and

considered necessary by the [Program Medical Advisor] [authorized travel assistance company]]; or

- iii) other covered land or air transportation including, but not limited to, commercial stretcher, medical escort, or the Usual and Customary Charges for air ambulance, provided such transportation has been pre-approved and arranged by the [Program Medical Advisor] [authorized travel assistance company]. Transportation must be via the most direct and economical route.]

#### **[HOSPITAL OF CHOICE]**

Subject to the terms and conditions of item # 2, the Insured may choose to be transported to a Hospital in a city within the United States of America other than his/her primary place of residence, but the maximum amount payable is limited to the cost of transportation to his/her primary place of residence.]

2. **[Return of Remains:** In the event of the Insured's death during a Trip, the expense incurred will be paid for minimally necessary casket or air tray, preparation and transportation of his/her remains to his/her primary place of residence in the United States of America [or to the place of burial].

[Benefits are paid less the value of the Insured's original unused return travel ticket.]

[If benefits are payable and the Insured has other insurance that may provide benefits for this same loss, We reserve the right to recover from such other insurance. The Insured shall:

- a) notify the Company of any other insurance;
- b) help the Company exercise the Company's rights in any reasonable way that the Company may request, including the filing and assignment of other insurance benefits;
- c) not do anything after the loss to prejudice the Company's rights; and
- d) reimburse to the Company, to the extent of any payment the Company has made, for benefits received from such other insurance.]

[These benefits will not duplicate any other benefits payable under the Policy or any coverage(s) attached to the Policy.]

**[[COVERAGE L]  
[ITINERARY CHANGE]**

In the event the Insured's Travel Supplier makes a change in his/her Trip itinerary after his/her Scheduled Departure Date, which prevents him/her from participating in an event/activity pre-paid prior to departure and scheduled on his/her Trip itinerary, non-refundable pre-paid event/activity expenses will be payable up to the Maximum Benefit Amount shown in the [Confirmation of Benefits] [Schedule of Benefits].

Benefits will not be paid if a comparable event/activity of equivalent cost is rescheduled during the course of the Trip.]

[These benefits will not duplicate any other benefits payable under the Policy or any coverage(s) attached to the Policy.]

**[[COVERAGE M]  
[MISSED CONNECTION]**

If the Insured misses his/her cruise or tour departure because his/her arrival at his/her Trip destination is delayed for [3] or more hours, benefits will be paid, on a one-time basis, up to the Maximum Benefit Amount shown in the [Confirmation of Benefits] [Schedule of Benefits], for:

- (a) the Insured's Additional Transportation Cost to join the Trip] [.] [.] [and]
- (b) the Insured's prepaid expenses for the unused land or water Travel Arrangements[.][.] [and]]
- (c) reasonable accommodation [, telephone] and meal expenses [up to [\$150] per day] necessarily incurred by the Insured for which he/she has proof of purchase and which were not paid for or provided by any other source.]

The Insured's delayed arrival must be due to:

- (a) any delay of a Common Carrier [(the delay must be certified by the Common Carrier)];]
- (b) documented weather condition preventing the Insured from getting to the point of departure:]

- (c) quarantine, hijacking, Strike, natural disaster, terrorism or riot].]

[These benefits will not duplicate any other benefits payable under the Policy or any coverage(s) attached to the Policy.]

**[[COVERAGE N]  
[LOST SKIER DAYS]**

[If the Insured is unable to ski during his/her Trip due to 50% or more of the mountain trails closing during his/her Trip, benefits will be paid, on a one-time basis, up to the Maximum Benefit Amount shown in the [Confirmation of Benefits] [Schedule of Benefits], for: [the value of the ski lift ticket.] [a pro-rated loss up to 50% of the value of his/her ski lift ticket] for the date/time of the closure only will be paid.

["Trails" means named skier paths with grade of difficulty intended to provide skiing down the mountain. Trails does not include connecting paths between trails.]

- [1. Benefits begin on the date the Insured arrives at the mountain or the date he/she has a valid ski lift ticket:]
- [2. A minimum of 10 trails must be open on the date of the Insured's arrival at the mountain in order to be eligible for this Benefit:]
- [3. This Benefit does not apply to Season Passes:]
- [4. This Benefit is eligible for skiing that takes place between January 1 and January 31 only:]
- [5. Maximum ski lift ticket purchase is a [5] day skier ticket:]
- [6. If the Insured's ski lift ticket applies to multiple ski mountains and one of the mountains is open for skiing per the Benefits and Conditions noted above, this Benefit is not provided:]
- [7. If the Insured is unable to ski on any particular day of his/her Trip, for any of the reasons stated above, he/she must file/report the loss on the same day:]
- [8. Maximum Benefit is equal to the lesser of [2 days] or [\$250.00].]

[Benefits are not payable for lift tickets under the Loss of Skier Day Benefit if they are for:

- [Heli-Skiing]

- [Cross Country Skiing]
- [Back Country Skiing.]

[These benefits will not duplicate any other benefits payable under the Policy or any coverage(s) attached to the Policy.]

**[[COVERAGE O]  
[CANCEL FOR ANY REASON BENEFIT]**

If the Insured cancels his/her Trip for any reason not otherwise covered by this plan, benefits will be paid for [75%] [the percentage] of the prepaid, forfeited, non-refundable Payments or Deposits he/she paid for the Trip [as shown in the Cancellation Penalty Schedule shown below,] provided:

- a) the Insured's payment for this plan [and enrollment form] [is] [are] received [within [15] days of the date his/her initial deposit/payment for the Trip is received:] [at or before the final payment due date for the Trip:] [with or before the final payment for the Trip:] [no later than [60] days prior to the Scheduled Departure Date of the Trip; or if the Trip is initially booked within [60] days of the Scheduled Departure Date of the Trip, the Insured's payment for this plan is received [with] [within [2] days of] the initial deposit/payment for the Trip:] [within [7] days] of [February 1st of each year] the date of the acceptance letter from [Name];] and
- b) the Insured insures [all] [100%] of the prepaid Trip costs that are subject to cancellation penalties or restrictions [and also insure within [15] days of the payment for those arrangements the cost of any subsequent arrangements (or any other arrangements not made through his/her travel agent) added to the Trip]; and]
- c) The Insured cancels his/her Trip [[two (2) days or more] [48 hours or more] before his/her Scheduled Departure [Date].]

**[Cancellation Penalty Schedule**

<b>If Cancellation Penalty Amount is:</b>	<b>Percentage of Penalty Payable is:</b>
Up to [25%] of Trip Cost	[100%] of Penalty Amount
[26% to 50%] of Trip Cost	[85%] of Penalty Amount



Over [50%] of Trip Cost      [75%] of Penalty Amount]

[This benefit is only available for Trips with a per person cost of [\$25,000] or less.]

[This Cancel For Any Reason Benefit does not cover: 1) penalties associated with any [air] [or] [other] travel arrangements not provided by [Travel Supplier name]; or 2) the failure of [Travel Supplier name] to provide the bargained-for Travel Arrangements due to cessation of operations for any reason.]

[These benefits will not duplicate any other benefits payable under the Policy or any coverage(s) attached to the Policy.]]

#### **[[COVERAGE P] [RENTAL CAR DAMAGE]**

The Insured is eligible for benefits up to the Maximum Benefit Amount shown in the [Confirmation of Benefits] [Schedule of Benefits], if he/she rents a car while on his/her Trip, and the car is damaged due to collision, theft, vandalism, windstorm, fire, hail, flood or any cause not in his/her control while in his/her possession, or the car is stolen while in his/her possession and is not recovered.

#### **We will pay the lesser of:**

- a. the cost of repairs and rental charges imposed by the rental company while the car is being repaired;
- b. the Actual Cash Value of the car; or
- c. the amount shown in the [Confirmation of Benefits] [Schedule of Benefits].

Coverage is provided to the Insured, provided he/she is a licensed driver and is listed on the rental agreement.

#### **Coverage is not provided for loss due to:**

1. any obligation of the Insured, a Traveling Companion or Family Member traveling with him/her assumed under any agreement (except insurance collision deductible);
2. rentals of trucks, campers, trailers, motor bikes, motorcycles, recreational vehicles or Exotic Vehicles;
3. any loss which occurs if the Insured or anyone traveling with him/her is in violation of the rental agreement;

4. failure to report the loss to the proper local authorities and the rental car company;
5. damage to any other vehicle, structure or person as a result of a covered loss;
6. any loss as the result of or attributed to driving the rental vehicle: while under the influence of alcohol or any illegal substance or the abuse of a legal substance; while using any medication which recommends abstinence from driving; in a speed competition; for compensation for hire; for illegal trade purposes, or transporting contraband;
7. any loss as the result of physical damage or loss attributed to: mechanical failure or breakdown of the rental vehicle; wear and tear, gradual deterioration, corrosion, rust or freezing; any neglect or abuse of the vehicle; any dishonest act or conversion; any consequence of war (declared or otherwise); or contamination by a radioactive material.

**"Exotic Vehicles"** includes [Alfa Romeo,] [Aston Martin,] [Auburn,] [Avanti,] [Bentley,] [Bertone,] [BMC/Leyland,] [BMW M Series,] [Bradley,] [Bricklin,] [Clenet,] [Corvette,] [Cosworth,] [De Lorean,] [Excalibre,] [Ferrari,] [Iso,] [Jaguar,] [Jensen Healy,] [Lamborghini,] [Lancia,] [Lotus,] [Maserati,] [Mercedes Benz,] [MG,] [Morgan,] [Pantera,] [Panther,] [Pininfarina,] [Porsche,] [Rolls Royce,] [Rover,] [Stutz,] [Sterling,] [Triumph,] [and] [TVR,] or any [antique] [or] any [other] car with a Manufacturers Suggested Retail Price (MSRP) over [\$40,000].

#### **ADDITIONAL CLAIMS PROVISIONS SPECIFIC TO RENTAL CAR DAMAGE**

The following outlines the Insured's duties in the event of any damage to the vehicle. He/She must:

- a) Take all necessary and reasonable steps to protect the vehicle and prevent further damage to it;
- b) Report the loss to the appropriate local authorities and the rental company as soon as possible;
- c) Obtain all information on any other party involved in the Accident, such as name, address, insurance information and driver's license number;
- d) Provide Us all documentation such as rental agreement, police report and damage estimate.

[These benefits will not duplicate any other benefits payable under the Policy or any coverage(s) attached to the Policy.]]

#### **[[COVERAGE Q] [NON-MEDICAL EMERGENCY EVACUATION]**

The Insured is eligible for benefits, up to the Maximum Benefit Amount shown in the [Confirmation of Benefits] [Schedule of Benefits], for all reasonable expenses incurred for his/her transportation to the nearest place of safety, or to his/her primary place of residence, if he/she must leave his/her Trip for a Covered Reason, as defined below.

Evacuation must occur within [10] days of any covered event. Arrangements will be by the most appropriate and economical means available and consistent with the Insured's health and safety. Benefits are only payable for arrangements made by [Name].

**Covered Reasons:** We will pay for the Non-Medical Emergency Evacuation Benefits listed above if, while on a Trip, a formal recommendation from the appropriate local authorities, or the U.S. State Department, is issued for the Insured to leave a country he/she is visiting on his/her Trip due to:

- 1) a natural disaster;
- 2) civil, military or political unrest; or
- 3) the Insured's being expelled or declared a persona non-grata by a country he/she is visiting on his/her Trip.

**Non-Medical Evacuation Exclusions:** We do not cover:

- 1) loss or expense recoverable under any other insurance or through an employer;
- 2) loss or expense arising from or attributable to:
  - (a) fraudulent or criminal acts committed or attempted by the Insured;
  - (b) alleged violation of the laws of the country the Insured is visiting, unless We determine such allegations to be fraudulent, or
  - (c) failure to maintain required documents or visas;
- 3) loss or expense arising from or attributable to:

- (a) debt, insolvency, business or commercial failure;
  - (b) the repossession of any property; or
  - (c) the Insured's non-compliance with a contract, license or permit;
- 4) loss or expense arising from or due to liability assumed by the Insured under any contract.

[These benefits will not duplicate any other benefits payable under the Policy or any coverage(s) attached to the Policy.]

#### [[COVERAGE R] [SPORTS EQUIPMENT RENTAL]

If, while on a Trip, the Insured's checked sports equipment is lost, stolen, damaged or delayed by [a Common] [an Air] Carrier for [12] hours or more, benefits will be paid, up to the Maximum Benefit Amount shown in the [Confirmation of Benefits] [Schedule of Benefits], for the reasonable cost of renting sports equipment during the Trip.]

[These benefits will not duplicate any other benefits payable under the Policy or any coverage(s) attached to the Policy.]

#### [[COVERAGE S] [SEARCH AND RESCUE]

Search and Rescue applies to the following persons only: the Insured[, a Family Member traveling with him/her] [and/or] [his/her Traveling Companion], referred to below as Person.

If the Person(s), should become lost, disoriented, or be reported missing while on a Trip during a recreational activity that could be anticipated for that Person's abilities and expertise, We will pay on the Person's behalf up to the Maximum Benefit Amount shown in the [Confirmation of Benefits] [Schedule of Benefits], not to exceed four days, costs for one (1) organized Search and Rescue by appropriate authorities.

Search and Rescue means those reasonable costs incurred, but not necessarily limited to: fuel, operating costs, repair and rental of motor vehicles, aircraft or helicopters, hovercraft, snowmobiles, horses, dogs, generators, and any other equipment necessary or deemed

appropriate for activities to find, recover, or rescue individuals while performed by individuals who have been appointed or requested by a governmental authority within [50] miles of the person's last known location before the loss occurrence. This benefit can only be activated when someone makes a formal report of the Person's need for Search and Rescue to an agency or authority who can activate a Search and Rescue, and the Person provides the agency or authority with enough specific and credible details of how, when, where the Person might be located so that an official and organized Search and Rescue can be activated.

[Specific Waiver of Liability for Search and Rescue: If the Person requests this benefit, the Person understands that We and any affiliated party offering this Policy, do not accept any liability from the rescue situation, and the Person and all minors, dependents, relatives, and interested or disinterested parties agree to forever waive, any and all liability to Us or any rescue team, company, entity, and/or volunteer, for injuries, stress, death, disablement, sickness, or any claims, reason, or cause whatsoever from any Search and Rescue used to attempt to reach the Person, assist the Person, or respond in any way to the Person's Search and Rescue, regardless of whether the Search and Rescue was ever initiated, cancelled, delayed, misdirected, or unable to locate, rescue, or stabilize the Person. If any part of this is held invalid, it does not invalidate the other parts or any other parties' waivers.]

Claims Procedures: The Person must obtain itemized receipts of services and costs from the authorities who seek payment, as well as documentation from the resort at the Trip destination.

Benefits are not payable under Search and Rescue for any loss resulting from:

1. Heli-skiing;
2. Extreme skiing;
3. Payment in any way for fines, damages, penalties, or litigation that may be imposed against the person, as a result of their activities or actions;
4. Deliberately choosing to be absent. ]

## SECTION II. DEFINITIONS

["**Actual Cash Value**" means current replacement cost for items of like kind and quality less depreciation.]

["**Additional Transportation Cost**" means the actual cost incurred for one-way Economy Transportation by Common Carrier reduced by the value of an unused travel ticket.]

["**Air Carrier**" means any air conveyance operating under a valid license for the transportation of passengers for hire.]

["**Baggage and Personal Effects**" means luggage, personal possessions and travel documents taken by the Insured on the Trip.]

["**Bankruptcy or Default**" means the total cessation of operations due to insolvency, with or without the filing of a bankruptcy petition by [a] [an] [airline,] [or] [cruise line,] [tour operator] [or other travel provider] provided the Bankruptcy or Default occurs more than [14] days following the Insured's Effective Date for the Trip Cancellation Benefits. There is no coverage for the Bankruptcy or Default of any person, organization, agency or firm from whom the Insured purchased Travel Arrangements supplied by others.]

["**Business Partner**" means an individual who (a) is involved in a legal general partnership with the Insured and (b) is actively involved in the day to day management of his/her business.]

["**Caregiver**" means an individual employed for the purpose of providing assistance with activities of daily living to the Insured or to his/her Family Member who has a physical or mental impairment. The Caregiver must be employed by the Insured or his/her Family Member. A Caregiver is not a babysitter; childcare service, facility or provider; or persons employed by any service, provider or facility to supply assisted living or skilled nursing personnel.]

["**Child Caregiver**" means an individual providing basic childcare service needs for the Insured's minor children under the age of [18] while the Insured is on the Trip without the minor children. The arrangement of being the Child Caregiver while the Insured is on the Trip must be made [30] or more days prior to the Scheduled Departure Date.]

["**Common Carrier**" means any [land,] [sea,] [or] [air] conveyance operating under a valid license for the

transportation of passengers for hire [, not including taxicabs or rented, leased or privately owned motor vehicles.]

**["Economy Transportation"]** means the lowest published available transportation rate for a ticket on a Common Carrier matching the original class of transportation that the Insured purchased for the Trip.]

**["Elective Treatment and Procedures"]** means any medical treatment or surgical procedure that is not medically necessary, including any service, treatment, or supplies that are deemed by the federal, or a state or local government authority, or by Us to be research or experimental or that is not recognized as a generally accepted medical practice.]

**["Family Member"]** means any of the following [who resides in the United States, Canada, or Mexico]: the Insured's or his/her Traveling Companion's legal spouse (or common-law spouse where legal), legal guardian or ward, son or daughter (adopted, foster, step or in-law), brother or sister (includes step or in-law), parent (includes step or in-law), grandparent (includes in-law), grandchild, aunt, uncle, niece or nephew, [Domestic Partner,] [Caregiver,] [or] [Child Caregiver,]

**["Hospital"]** means (a) a place which is licensed or recognized as a general hospital by the proper authority of the state in which it is located; (b) a place operated for the care and treatment of resident inpatients with a registered graduate nurse (RN) always on duty and with a laboratory and X-ray facility; (c) a place recognized as a general hospital by the Joint Commission on the Accreditation of Hospitals. Not included is a hospital or institution licensed or used principally: (1) for the treatment or care of drug addicts or alcoholics; or (2) as a clinic continued or extended care facility, skilled nursing facility, convalescent home, rest home, nursing home or home for the aged.]

**["Inclement Weather"]** means any weather condition that delays the scheduled arrival or departure of [a Common] [an Air] Carrier.]

**["Injury" or "Injuries"]** means bodily harm caused by an accident which: 1) occurs while the Insured's coverage is in effect under the [Policy] [plan]; and 2) requires examination and treatment by a Legally Qualified Physician. The Injury must be the direct cause of loss and must be independent of all other causes and must not be caused by, or result from, Sickness.]

**["Insured] [Plan Participant"]** means a person(s) who is [booked to travel] on a Trip, [completes the enrollment

form] and for whom the required [premium] [plan payment] is paid.]

**["Intoxicated"]** mean a blood alcohol level that equals or exceeds the legal limit for operating a motor vehicle in the state or jurisdiction where the Insured is located at the time of an incident.]

**["Legally Qualified Physician"]** means a physician [or a Christian Science Practitioner]: (a) other than the Insured, a Traveling Companion or a Family Member; (b) practicing within the scope of his or her license; and (c) recognized as a physician in the place where the services are rendered.]

**["Maximum Benefit Amount"]** means the maximum amount payable for coverage provided to the Insured as shown in the [Confirmation of Benefits] [Schedule of Benefits].

**["Medically Necessary"]** means a service which is appropriate and consistent with the treatment of the condition in accordance with accepted standards of community practice.]

**["Medical Treatment"]** means examination and treatment by a Legally Qualified Physician.]

**["Payments or Deposits"]** means the cash, check, [or] credit card amounts[,] [or the cash value of Timeshare Points] actually paid [or used] for the Insured's Trip. [Certificates:] [vouchers:] [frequent traveler rewards, miles or points:] [discounts and/or credits] applied (in part or in full) towards the cost of the Insured's Travel Arrangements are not Payments or Deposits as defined herein.]]

**["Pre-Existing Condition"]** means an illness, disease, or other condition during the [60] day period immediately prior to the date the Insured's coverage is effective for which he/she or his/her Traveling Companion, Business Partner or Family Member scheduled or booked to travel with him/her: 1) received or received a recommendation for a test, examination, or medical treatment; or 2) took or received a prescription for drugs or medicine. Item (2) of this definition does not apply to a condition which is treated or controlled solely through the taking of prescription drugs or medicine and remains treated or controlled without any adjustment or change in the required prescription throughout the [60] day period before coverage is effective under this Policy.]

**["Program Medical Advisor"]** means [Name].]

**["Published Penalties"]** means any [additional] published cancellation penalties levied by the Insured's travel agency [or travel supplier] that apply to all clients of the travel agency [or travel supplier] and can be documented at time of his/her purchase of Travel Arrangements from his/her travel agency. The maximum amount reimbursable for travel agency published penalties is [10%] of the total trip cost excluding taxes and other non-commissionable items.]

**["Scheduled Departure Date"]** means the date on which the Insured is originally scheduled to leave on the Trip.]

**["Scheduled Return Date"]** means the date on which the Insured is originally scheduled to return to the point of origin or the original final destination of the Trip.]

**["Sickness"]** means an illness or disease of the body which: 1) requires examination and treatment by a Legally Qualified Physician, and 2) commences while the Insured's coverage is in effect. An illness or disease of the body which first manifests itself and then worsens or becomes acute prior to the Effective Date of the Insured's coverage is not a Sickness as defined herein and is not covered by the Policy.]

**["Strike"]** means any stoppage of work: (a) as a result of a combined effort of workers which was unannounced and unpublished at the time travel services were purchased; and (b) which interferes with the normal departure and arrival of [a Common] [an Air] Carrier.]

**["Third Party"]** means a person or entity other than the Insured or the Company.]

**["Transportation Expense"]** means the cost of Medically Necessary conveyance, personnel, [and] services [or supplies].]

**["Timeshare] Travel Arrangements"]** means: (a) transportation; (b) accommodations; and (c) other specified services arranged by the [Travel Supplier] [Exchange Company] for the Trip. [Air arrangements covered by this definition also include any direct round trip air flights booked by others, to and from the Scheduled Trip Departure and return cities, provided the dates of travel for the air flights are within [7] total days of the scheduled Trip dates.]]

**["Traveling Companion"]** means [a person or persons] [up to [8] persons] whose names appear with the Insured's on the same Travel Arrangements and who, during the Trip, [will accompany him/her] [will share accommodations with him/her]

in the same room, cabin, condominium unit, apartment unit or other lodging]. [A group or tour organizer, sponsor or leader is not a Traveling Companion as defined, unless sharing accommodations in the same room, cabin, condominium unit, apartment unit or other lodging with the Insured.]]

**["Travel Supplier"** means [any entity or organization that coordinates or supplies travel services for the Insured] [Travel Supplier name].]

**["Trip"** means [a scheduled trip [or Timeshare Exchange] for which coverage is elected and the premium paid, and all Travel Arrangements are arranged prior to the Scheduled Departure Date of the Trip] [a scheduled trip of [30] days or less] [and] [a trip of [200] miles or more from the Insured's primary residence for which [coverage is elected and] the premium paid].]

**[Usual and Customary Charges"** means those comparable charges for similar treatment, services and supplies in the geographic area where treatment is performed.]

### SECTION III. INSURING PROVISIONS

#### Who Is Eligible For Coverage:

A citizen or resident of [the United States of America] who is booked to travel on a Trip, [completes the enrollment form] and for whom the required [premium] [plan payment] is paid. [Eligibility for purchase will be determined at time of claim.] [If it is determined that a person or Trip is not eligible for coverage, any claim for benefits will be denied and [premium] [plan payment] will be refunded.]

#### When Coverage Begins:

**[Trip Cancellation:** Coverage begins [(on the date and time] [at 12:01 a.m. on the day after the date] the appropriate [premium] [payment] for this [Policy] [plan] [for the Insured's Trip] is received [by Name]] [[60] [days] [48] [hours] prior to the scheduled departure time on the Scheduled Departure Date of the Insured's [Trip] [cruise] [tour]] [the earlier of: 1) at 12:01 a.m. on the day following the date the appropriate [premium] [payment] for this [Policy] [plan] for the Insured's Trip is received [by Name]; or 2) if mailed, at 12:01 a.m. on the day after the postmark date the appropriate [premium] [payment] for this [Policy] [plan] for the Insured's Trip is received [by Name]]. This is the Insured's "Effective Date" and time for Trip Cancellation.]

**[Travel Delay:** Coverage begins after the Insured has traveled [50] miles or more from home en route to join his/her Trip. This is the Insured's "Effective Date" and time for Travel Delay.]

**[All Other Coverages:** Coverage begins when the Insured departs on the first Travel Arrangement (or alternate travel arrangement if he/she must use an alternate travel arrangement to reach his/her Trip destination) for his/her Trip. This is the Insured's "Effective Date" and time for all other coverages, except Trip Cancellation and Travel Delay.]

#### When Coverage Ends:

**[Trip Cancellation:** The Insured's coverage automatically ends on the earlier of: [1] [[60] days] [48] hours] prior to] the scheduled departure time on the Scheduled Departure Date of his/her [Trip] [cruise] [tour]] [the date and time he/she departs on his/her [Trip] [cruise] [tour]]:] [or] [2] [on or before the final payment due date for his/her Trip:] [or] [3] the date and time the Insured cancels his/her Trip.]]

**[All Other Coverages:]** The Insured's coverage automatically ends on the earlier of: 1) the date the Trip is completed; 2) the Scheduled Return Date; 3) his/her arrival at the return destination on a round-trip, or the destination on a one-way trip; 4) cancellation of the Trip covered by the [Policy] [plan]. Termination of the [Policy] [plan] will not affect a claim for loss that occurs after [premium] [plan payment] has been paid.

All coverages under the [Policy] [plan] will be extended if the Insured's entire Trip is covered by the [Policy] [plan] and his/her return is delayed due to unavoidable circumstances beyond his/her control. If coverage is extended for the above reasons, coverage will end on the earlier of the date the Insured reaches his/her originally scheduled return destination or [seven (7)] days after the Scheduled Return Date.]

### SECTION IV. GENERAL EXCLUSIONS

**Benefits are not payable for any loss due to, arising or resulting from:**

- [1. suicide, attempted suicide or any intentionally self-inflicted injury of the Insured, a Traveling Companion, Family Member or Business Partner booked to travel with the Insured, while sane or insane:]
- [2. an act of declared or undeclared war:]

- [3. participating in maneuvers or training exercises of an armed service:]
- [4. riding or driving in races, or speed or endurance competitions or events:]
- [5. mountaineering (engaging in the sport of scaling mountains generally requiring the use of picks, ropes, or other special equipment):]
- [6. [participating as a member of a team in an organized sporting competition or] participating as a professional in a stunt, athletic or sporting event or competition:]
- [7. participating in [bodily contact sports,] [skydiving or parachuting [except parasailing,] [hang gliding,] [bungee cord jumping,] [extreme skiing, skiing outside marked trails or heli-skiing] [mountaineering,] [any race,] [speed contests [not including any of the regatta races,] [spelunking or caving,] or [scuba diving if the depth exceeds [130] feet or if the Insured is not certified to dive and a dive master is not present during the dive]:]
- [8. piloting or learning to pilot or acting as a member of the crew of any aircraft:]
- [9. being Intoxicated as defined herein, or under the influence of any controlled substance unless as administered or prescribed by a Legally Qualified Physician:]
- [10. the commission of or attempt to commit a felony or being engaged in an illegal occupation:]
- [11. normal childbirth or pregnancy (except complications of pregnancy) or voluntarily induced abortion:]
- [12. dental treatment (except as coverage is otherwise specifically provided herein):]
- [13. amounts which exceed the Maximum Benefit Amount for each coverage as shown in the [Confirmation of Benefits] [Schedule of Benefits]:]
- [14. due to a Pre-Existing Condition, as defined in the [Policy] [plan]. The Pre-Existing Condition Limitation does not apply to the Emergency Medical Evacuation or Return of Remains coverage:]
- [15. any amount paid or payable under any Worker's Compensation, Disability Benefit or similar law:]

- [16. a loss or damage caused by detention, confiscation or destruction by customs;]
- [17. Elective Treatment and Procedures;]
- [18. medical treatment during or arising from a Trip undertaken for the purpose or intent of securing medical treatment;]
- [19. failure of any tour operator, Common Carrier, or other travel supplier, person or agency to provide the bargained-for travel arrangements for reasons other than Bankruptcy or Default;]
- [20. business, contractual or educational obligations of the Insured, a Family Member, Business Partner, or Traveling Companion;]
- [21. a mental or nervous condition, unless hospitalized for that condition while the [Policy] [plan] is in effect for the Insured;]
- [22. a loss that results from an illness, disease or other condition, event or circumstance which occurs at a time when the [Policy] [plan] is not in effect for the Insured;]
- [23. Bankruptcy or Default or failure to supply services by a supplier of travel services.]

#### **[Waiver of the Pre-Existing Condition Exclusion]**

The exclusion for Pre-Existing Condition will be waived provided:

- a) the Insured's payment for this plan [and enrollment form] [is] [are] received [within [15] days of the date his/her initial deposit/payment for the Trip is received;] [at or before the final payment due date for the Trip;] [with or before the final payment for the Trip;] [no later than [60] days prior to the Scheduled Departure Date of the Trip; or if the Trip is initially booked within [60] days of the Scheduled Departure Date of the Trip, the Insured's payment for this plan is received [with] [within [2] days of] the initial deposit/payment for the Trip;] [within [7] days] of [February 1st of each year] [the date of the acceptance letter from [Travel Supplier Name];] and
- [b] the Insured insures all prepaid Trip costs that are subject to cancellation penalties or restrictions [and also insures within [15] days of the payment for those arrangements the cost of any subsequent

arrangements (or any other arrangements not made through his/her travel agent) added to the Trip;] and]

- c) the Insured is not disabled from travel at the time [his/her premium is paid] [he/she makes payment for this plan].]

#### **SECTION V. GENERAL PROVISIONS**

**Notice of Claim:** Notice of claim must be reported within 20 days after a loss occurs or as soon as is reasonably possible. The Insured or someone on his/her behalf may give the notice. The notice should be given to Us or Our designated representative and should include sufficient information to identify the Insured.

**Claim Forms:** When notice of claim is received by Us or Our designated representative, forms for filing proof of loss will be furnished. If these forms are not sent within 15 days, the proof of loss requirements can be met by the Insured sending Us a written statement of what happened. This statement must be received within the time given for filing proof of loss.

**Proof of Loss:** Proof of loss must be provided within 90 days after the date of the loss or as soon as is reasonably possible. Proof must, however, be furnished no later than 12 months from the time it is otherwise required, except in the absence of legal capacity.

**Time of Payment of Claims:** We, or Our designated representative, will pay the claim after receipt of acceptable proof of loss.

**Payment of Claims:** Benefits for loss of life will be paid to the Insured's designated beneficiary. If a beneficiary is not otherwise designated by him/her, benefits for loss of life will be paid to the first of the following surviving preference beneficiaries:

- a) [the Insured's spouse;]
- b) [the Insured's child or children jointly;]
- c) [the Insured's parents jointly if both are living or the surviving parent if only one survives;]
- d) [the Insured's brothers and sisters jointly; or]
- e) the Insured's estate.

All other Benefits will be paid directly to the Insured, unless otherwise directed. Any accrued benefits unpaid at the Insured's death will be paid to his/her estate. If the Insured

has assigned his/her benefits, we will honor the assignment if a signed copy has been filed with us. We are not responsible for the validity of any assignment.

All or a portion of all benefits provided by the Policy may, at Our option, be paid directly to the provider of the service(s) to the Insured. All benefits not paid to the provider will be paid to the Insured.

[If any benefit is payable to: (a) an Insured who is a minor or otherwise not able to give a valid release; or (b) the Insured's estate, We may pay [up to \$1,000.00] [any amount due under the Policy] to the Insured's beneficiary or any relative whom We find entitled to the payment. Any payment made in good faith shall fully discharge Us to any party to the extent of such payment.]

**[Excess Insurance:** The insurance provided by this Policy shall be in excess of all other valid and collectible Insurance or indemnity. If at the time of the occurrence of any loss there is other valid and collectible insurance or indemnity in place, the Company shall be liable only for the excess of the amount of loss, over the amount of such other insurance or indemnity, and applicable deductible. Recovery of losses from other parties does not result in a refund of premium paid.]

**[Physician Examination and Autopsy:** The Company, at the expense of the Company, may have the Insured examined when and as often as is reasonable while the claim is pending. The Company may have an autopsy done (at the expense of the Company) where it is not forbidden by law.]

**Legal Actions:** No legal action for a claim can be brought against Us until [60 days] after We receive proof of loss. No legal action for a claim can be brought against Us more than [3 years] after the time required for giving proof of loss. This [3-year] time period is extended from the date proof of loss is filed and the date the claim is denied in whole or in part.

**Concealment and Misrepresentation:** The entire coverage will be void, if before, during or after a loss, any material fact or circumstance relating to this insurance has been concealed or misrepresented.

**Other Insurance with the Company:** The Insured may be covered under only one travel Policy with the Company for each Trip. If he/she is covered under more than one such Policy, he/she may select the coverage that is to remain in effect. In the event of death, the selection will be made by

the beneficiary or estate. Premiums paid (less claims paid) will be refunded for the duplicate coverage that does not remain in effect.

**[Subrogation:** If the Company has made a payment for a loss under this coverage, and the person to or for whom payment was made has a right to recover damages from the Third Party responsible for the loss, the Company will be subrogated to that right. The Insured shall help the Company exercise the Company's rights in any reasonable way that the Company may request: nor do anything after the loss to prejudice the Company's rights; and in the event the Insured recovers damages from the Third Party responsible for the loss, he/she will hold the proceeds of the recover for the Company in trust and reimburse the Company to the extent of the Company's previous payment for the loss.]

**Reductions in the Amount of Insurance:** The applicable benefit amount will be reduced by the amount of benefits, if any, previously paid for any loss or damage under this coverage for this Trip.

## **[SECTION VI. COORDINATION OF BENEFITS**

### **Applicability**

The Coordination of Benefits ("COB") provision applies to This Plan when an Insured has health care coverage under more than one Plan. "Plan" and "This Plan" are defined below.

If this COB provision applies, the order of benefit determination rules should be looked at first. Those rules determine whether the benefits of This Plan are determined before or after those of another Plan. The benefits of This Plan:

- (a) will not be reduced when, under the order of benefit determination rules, This Plan determines its benefits before another Plan; but
- (b) may be reduced when, under the order of benefit determination rules, another Plan determines its benefits first. This reduction is described further in the section entitled Effect on the Benefits of This Plan.

### **Definitions**

**"Plan"** is a form of coverage written on an expense incurred basis that provides benefits or services for, or because of, medical or dental care or treatment. "Plan" includes:

- (a) group insurance and group remittance subscriber contracts;
- (b) uninsured arrangements of group coverage;
- (c) group coverage through HMO's and other prepayment, group practice and individual practice Plans; and
- (d) blanket contracts, except blanket school accident coverages or a similar group when the Policy :

"Plan" does not include individual or family: (a) insurance contracts; (b) direct payment subscriber contracts; (c) coverage through HMO's; or (d) coverage under other prepayment, group practice and individual practice Plans.

**"This Plan"** is the parts of this blanket contract that provide benefits for health care expenses on an expense incurred basis.

**"Primary Plan"** is one whose benefits for a person's health care coverage must be determined without taking the existence of any other Plan into consideration. A Plan is a Primary Plan if either:

- (a) the Plan either has no order of benefit determination rules, or it has rules which differ from those in the contract; or
- (b) all Plans that cover the person use the same order of benefits determination rules as in this contract, and under those rules the Plan determines its benefits first.

**"Secondary Plan"** is one that is not a Primary Plan. If a person is covered by more than one Secondary Plan, the order of benefit determination rules of this contract decide the order in which their benefits are determined in relation to each other. The benefits of each Secondary Plan may take into consideration the benefits of the Primary Plan or Plans and the benefits of any other Plan, which, under the rules of this contract, has its benefits, determined before those of that Secondary Plan.

**"Allowable Expense"** is the necessary, reasonable, and customary item of expense for health care; when the item of expense is covered at least in part under any of the Plans involved.

The difference between the cost of a private hospital room and a semi-private hospital room is not considered an Allowable Expense under the above definition unless the patient's stay in a private hospital room is medically necessary in terms of generally accepted medical practice.

When a Plan provides benefits in the form of services, the reasonable cash value of each service will be considered both an Allowable Expense and a benefit paid.

**"Claim"** is a request that benefits of a Plan be provided or paid. The benefits claimed may be in the form of: (a) services (including supplies); (b) payment for all or a portion of the expenses incurred; or (c) a combination of (a) and (b).

**"Claim Determination Period"** is the period of time, which must not be less than [12 consecutive months], over which Allowable Expenses are compared with total benefits payable in the absence of COB, to determine: (a) whether overinsurance exists; and (b) how much each Plan will pay or provide.

For the purposes of this contract, Claim Determination Period is the period of time beginning with the Effective date of coverage and ending [12 consecutive months] following the date of loss or longer as may be determined by the proof of loss provision.

### **Order of Benefit Determination Rules**

When This Plan is a Primary Plan, its benefits are determined before those of any other Plan and without considering another Plan's benefits.

When This Plan is a Secondary Plan, its benefits are determined after those of any other Plan only when, under these rules, it is secondary to that other Plan.

When there is a basis for a Claim under This Plan and another Plan, This Plan is a Secondary Plan that has its benefits determined after those of the other Plan, unless:

- (a) the other Plan has rules coordinating its benefits with those of This Plan; and
- (b) both those rules and This Plan's rules, as described below, require that This Plan's benefits be determined before those of the other Plan.

**Rules.** This Plan determines its order of benefits using the first of the following rules which applies:

- (a) **Nondependent/Dependent Rule.** The benefits of the Plan which covers the person as an employee, member or subscriber (that is, other than as a dependent) are determined before those of the Plan that covers the person as a dependent.
- (b) **Longer/Shorter Length of Coverage Rule.** The benefits of the Plan that covered an employee, member or subscriber longer are determined before those of the Plan that covered that person for the shorter time.

To determine the length of time a person has been covered under a Plan, two Plans shall be treated as one if the claimant was eligible under the second within [24 hours] after the first ended. Thus, the start of a new Plan does not include: (a) a change in the amount or scope of a Plan's benefits; (b) a change in the entity which pays, provides or administers the Plan's benefits; or (c) a change from one type of Plan to another. The claimant's length of time covered under a Plan is measured from the claimant's first date of coverage under that Plan. If that date is not readily available, the date the claimant first became a member of the group shall be used as the date from which to determine the length of time the claimant's coverage under the present Plan has been in force.

### **Effect on the Benefits of This Plan When it is Secondary**

The benefits of This Plan will be reduced when it is a Secondary Plan so that the total benefits paid or provided by all Plans during a Claim Determination Period are not more than the total Allowable Expenses, not otherwise paid, which were incurred during the Claim Determination

Period by the person for whom the Claim is made. As each Claim is submitted, This Plan determines its obligation to pay for Allowable Expenses based on all Claims that were submitted up to that point in time during the Claim Determination Period.

### **Right to Receive and Release Needed Information**

Certain facts are needed to apply these COB rules. We have the right to decide which facts are needed. We may get needed facts from or give them to any other organization or person. We need not tell, or get the consent of, any person to do this. Each person claiming benefits under This Plan must give Us any facts We need to pay the Claim.

### **Facility of Payment**

A payment made under another Plan may include an amount that should have been paid under This Plan. If it does, We may pay that amount to the organization that made that payment. That amount will then be treated as though it were a benefit paid under This Plan. We will not have to pay that amount again. The term "payment made" includes providing benefits in the form of services, in which case "payment made" means reasonable monetary value of the benefits provided in the form of services.

### **Right of Recovery**

If the amount of the payments made by Us is more than We should have paid under this COB provision, We may recover the excess from one or more of: (a) the persons We have paid or for whom We have paid; (b) insurance companies; or (c) other organizations.

### **Non-complying Plans**

This Plan may coordinate its benefits with a Plan that is excess or always secondary or which uses order of benefit determination rules which are inconsistent with those of This Plan (non-complying Plan) on the following basis:

- (a) If This Plan is the Primary Plan, This Plan will pay its benefits on a primary basis;

- (b) if This Plan is the Secondary Plan, This Plan will pay its benefits first, but the amount of the benefits payable will be determined as if This Plan were the Secondary Plan. In this situation, Our payment will be the limit of This Plan's liability; and
- (c) if the non-complying Plan does not provide the information needed by This Plan to determine its benefits within [30 days] after it is requested to do so, We will assume that the benefits of the non-complying Plan are identical to This Plan and will pay benefits accordingly. However, We will adjust any payments made based on this assumption whenever information becomes available as to the actual benefits of the non-complying Plan.]

## [[YOUTH] [AND FAMILY] PROGRAM RIDER

This [Youth] [and Family] Program Rider is a part of the Policy to which it is attached. It is issued in consideration of payment of the required premium.

The Policy is amended as follows:

Under all provisions of the Policy, the term Trip is hereby deleted and replaced by [Youth] [and Family] Program; the term Travel Supplier is hereby deleted and replaced by Program Supplier; and the term "Insured" is hereby deleted and replaced by [Youth] [and Family] Program Participant; the term "Trip" is hereby deleted and replaced by [Youth] [and Family] Program and the definitions of "Travel Arrangements", "Travel Supplier", "Trip", "Insured", and "Scheduled Departure Date" are deleted in their entirety and the following definitions are added as follows:

**["Program Arrangements"** means: (a) transportation; (b) accommodations; and (c) other specified services arranged by the Program Supplier for the Program. [Air arrangements covered by this definition also include any direct round trip air flights booked by others, to and from the scheduled [Youth] [and Family] Program departure and return cities, provided the dates of travel for the air flights are within [7] total days of the scheduled [Youth] [and Family] Program dates.]]

**["Program Supplier"** means [any entity or organization that coordinates or supplies travel services for the Insured] [Travel Supplier name].]

**["Scheduled Departure Date"** means the date on which the Insured is originally scheduled to leave on the [Youth] [and Family] Program.]

**["Scheduled Session Commencement Date"** means the date on which the [Youth] [and Family] Program session for which the [Youth] [and Family] Program Participant elects coverage is scheduled to commence.]

**["[Youth] [and Family] Program"** means the scheduled [Youth] [and Family] program session for which the [Youth] [and Family] Program Participant elects coverage and pays the premium prior to the Scheduled Session Commencement Date.]

**["[Youth] [and Family] Program Fees"** means the cash, check, [or] credit card amounts actually paid for the [Youth] [and Family] Program [fees] [and] [or] [tuition] [and any

prepaid air or land transportation expenses to and from the [Youth] [and Family] Program Participant's home to attend the [Youth] [and Family] Program session]. [Discounts and/or credits] applied (in part or in full) towards the cost of the Insured's Program Arrangements are not [Youth] [and Family] Program Fees as defined herein.]]

**["[Youth] [and Family] Program Participant"** means an Eligible Person who enrolls in a [Youth] [and Family] Program [, completes any required enrollment form,] and pays any required premium.])

### **Replace Trip Cancellation, Trip Interruption and Travel Delay**

The TRIP CANCELLATION, TRIP INTERRUPTION AND TRAVEL DELAY provisions are deleted in their entirety and replaced as follows:

#### **[YOUTH] [AND FAMILY] PROGRAM CANCELLATION**

Benefits will be paid, up to the Maximum Benefit Amount shown in the [Confirmation of Benefits] [Schedule of Benefits], to reimburse the Insured for the amount of [the Published Penalties] [and] [unused non-refundable prepaid [Youth] [and Family] Program Fees] he/she paid for Program Arrangements [, including up to [\$150] for the cost of airline-imposed fees to rebook frequent flyer miles for air flights to join the Insured's scheduled [Youth] [and Family] program session] when he/she is prevented from going on his/her scheduled [Youth] [and Family] Program due to:

1. [the Insured's, [a Family Member's] [,] [or] [Traveling Companion's] [or] [Business Partner's] [or] [Child Caregiver's] death, which occurs before departure on the Insured's scheduled [Youth] [and Family] Program;]
2. [the Insured's, [a Family Member's] [,] [or] [Traveling Companion's] [or] [Business Partner's] [or] [Child Caregiver's] covered [Sickness] [or] [Injury], which: a) occurs before departure on the Insured's scheduled [Youth] [and Family] Program, b) requires Medical Treatment at the time of cancellation resulting in medically imposed restrictions, as certified by a Legally Qualified Physician, and c) and prevents the Insured's participation in the scheduled [Youth] [and Family] Program;]
3. For the **Other Covered Reasons** listed below;

provided such circumstances occur while coverage is in effect.

**"Other Covered Reasons"** means:

- a. the Insured or his/her Traveling Companion being hijacked, quarantined, required to serve on a jury (notice of jury duty must be received after the Insured's Effective Date) served with a court order to appear as a witness in a legal action in which the Insured or his/her Traveling Companion is not a party (except law enforcement officers);]
- b. the Insured's or his/her Traveling Companion's primary place of residence [or destination] being rendered uninhabitable [and remaining uninhabitable during scheduled [Youth] [and Family] Program,] by fire, flood, burglary or other natural disaster;]
- c. the Insured's or his/her Traveling Companion's place of employment is rendered unsuitable for business due to fire, flood, burglary or other natural disaster and the Insured and/or his/her Traveling Companion are required to work as a result;]
- d. a documented theft of passports or visas;]
- e. a permanent transfer of employment of [250] miles or more;]
- f. the Insured or his/her Traveling Companion being directly involved in a traffic accident, substantiated by a police report, while en route to the Insured's scheduled point of departure;]
- g. unannounced Strike that causes complete cessation of services for at least [12] consecutive hours of the [Common] [Air] Carrier on which the Insured is scheduled to travel;]
- h. Inclement Weather that causes complete cessation of services for at least [12] consecutive hours of the [Common] [Air] Carrier on which the Insured is scheduled to travel;]
- i. mechanical breakdown that causes complete cessation of services for at least [12] consecutive hours of the [Common] [Air] Carrier on which the Insured is scheduled to travel;]



- [j. a government-mandated shutdown of an airport or air traffic control system for reasons other than terrorism or an act of war;]
- [k. the Insured or his/her Traveling Companion is in the military and called to emergency duty for a national disaster other than war;]
- [l. involuntary employer termination or layoff [which occurs [30] days or more after the Insured's Effective Date] [of] [affecting] the Insured [or a Traveling Companion]. Employment must have been with the same employer for at least [1] continuous year;]
- [m. a Terrorist Incident that occurs within [30] days of the Insured's Scheduled Departure Date in a city listed on the itinerary of his/her [Youth] [and Family] Program. [This same city must not have experienced a Terrorist Incident within the 90 days prior to the Terrorist Incident that is causing the Insured's cancellation of the Trip.] [Benefits are not provided if the Program Supplier offers a substitute itinerary;]
- [n. revocation of the Insured's previously granted military leave or re-assignment due to war. Official written revocation/re-assignment by a supervisor or commanding officer of the appropriate branch of service will be required;][.][This benefit only applies if the Policy has been purchased within [10] days of the Insured's initial payment for the Trip and for the full cost of the Trip;]
- [o. Bankruptcy or Default of [a] [an] [airline,] [or] [cruise line,] [tour operator] [or other travel provider] [(other than the [Program Supplier] [,] [tour operator] [or] [travel agency,] [organization or firm] from whom the Insured purchased [his/her] Program Arrangements [supplied by others])] causing a complete cessation of travel services more than [14] days following his/her Effective Date. [Benefits will be paid due to Bankruptcy or Default of an airline only if no alternate transportation is available. If alternate transportation is available, benefits will be limited to the change fee charged to allow the Insured to transfer to another airline in order to get to his/her intended destination.] This benefit only applies if the Policy has been purchased [within [15] days of the date the Insured's initial deposit/payment for the [Youth] [and Family]

- Program is received;] [at or before the final payment due date for [Youth] [and Family] Program;] [with or before the final payment for the [Youth] [and Family] Program;] [no later than [60] days prior to the Scheduled Departure Date of the [Youth] [and Family] Program; or if the [Youth] [and Family] Program is initially booked within [60] days of the Scheduled Departure Date of the [Youth] [and Family] Program, the Insured's payment for this plan is received [with] [within [2] days of] the initial deposit/payment for the [Youth] [and Family] Program;] [within [7] days] of [February 1st of each year] [the date of the acceptance letter from [Program Supplier Name]] [and the Insured insures the full cost of the [Youth] [and Family] Program subject to penalties or restrictions;]
- [p. the Insured's family or friends living abroad with whom he/she is planning to stay are unable to provide accommodations due to life threatening illness, life threatening injury or death of one of them;]
- [q. the Insured, his/her Traveling Companion or a Family Member traveling with him/her is required to work during the [Youth] [and Family] Program. A written statement by an unrelated company official and/or the Human Resources department demonstrating revocation of previously approved time off will be required [.] [The Insured, his/her Traveling Companion or Family Member cannot be a company owner or partner] [.] [This benefit only applies if the Policy has been purchased [within [15] days of the Insured's initial payment for the [Youth] [and Family] Program;]
- [r. mandatory evacuation, or official public evacuation advisements where there is no mandatory evacuation order issued, by local government authorities at the Insured's [Youth] [and Family] Program destination due to adverse weather or natural disaster. In order to cancel the Insured's [Youth] [and Family] Program, he/she must have [4] days or [50%] of his/her total [Youth] [and Family] Program length or less remaining on his/her [Youth] [and Family] Program at the time the mandatory evacuation ends;]
- [s. felonious assault of the Insured or his/her Traveling Companion within [10] days of the Scheduled Program Commencement Date;]

- [t. the Insured, his/her Traveling Companion or Family Member traveling with him/her are directly involved in the merger of the Insured's employer or the acquisition of his/her employer by another company][.] [The Insured, his/her Traveling Companion or Family Member cannot be a company owner or partner;]
- [u. a cancellation of the Insured's [Youth] [and Family] Program within [24] hours of his/her Scheduled Program Commencement Date and time if his/her [Youth] [and Family] Program destination is under a hurricane warning issued by the NOAA National Hurricane Center, provided the cancellation of the Insured's [Youth] [and Family] Program occurs more than [14] days following his/her Effective Date of coverage for the Program Cancellation Benefits;]
- [v. the primary or secondary school that the Insured, his/her Family Member or Traveling Companion attends continues classes beyond the predefined school year, due to unforeseeable events which: 1) occur after the Insured's Effective Date for Trip Cancellation; and 2) cause the classes to extend beyond the Scheduled Departure Date of his/her [Youth] [and Family] Program. Extensions due to extra-curricular or athletic events are not covered;]
- [w. a cancellation of the Insured's [Youth] [and Family] Program if the Insured's arrival on the [Youth] [and Family] Program is delayed and causes him/her to lose 50% or more of the scheduled [Youth] [and Family] Program duration due to the reasons covered under the Missed Connection Benefit;]

[If the Insured must reschedule the Trip due to a covered reason a benefit will be paid, up to a maximum of [\$150], for the reissue fee charged by the airline to change his/her tickets.]

[All cancellations must be reported to the Travel Supplier within [72 hours] of the event causing the need to cancel. If the event delays the reporting of the cancellation beyond the [72 hours], the event should be reported as soon as possible. Increased amounts of [Published Penalties] [and] [unused non-refundable prepaid Payments [or Deposits] that result from all other delays of reporting beyond [72 hours] are not covered.]

[If the Insured's Program Supplier cancels his/her Trip, a benefit will be paid [up to \$150] for the reissue fee charged by the airline for the tickets. [The Insured must have covered the entire cost of the Trip including the airfare cost.]]

[The maximum payable under this benefit is the lesser of a) the Maximum Benefit Amount shown in the Schedule of Benefits; or b) the total amount of coverage the Insured purchased.]

#### **[[Single Supplement]**

[Benefits will be paid, up to the Maximum Benefit Amount, for the additional cost incurred as a result of a change in the per person occupancy rate for prepaid Travel Arrangements if a Traveling Companion's or Family Member's Trip is canceled for a covered reason and the Insured does not cancel his/her Trip.]

[These benefits will not duplicate any other benefits payable under the Policy or any coverage(s) attached to the Policy.]]

#### **[[YOUTH] [AND FAMILY] PROGRAM SESSION INTERRUPTION]**

Benefits will be paid, up to [the lesser of a)] the Maximum Benefit Amount shown in the [Confirmation of Benefits] [Schedule of Benefits] [; or b)] [150% of] the total amount of coverage the Insured purchased], to reimburse him/her for the prepaid Payments [or Deposits] for unused non-refundable land or water Program Arrangements] [plus] [the Additional Transportation Cost paid]:

- [a] to join the Insured's [Youth] [and Family] Program if he/she must depart after his/her scheduled departure date or travel via alternate travel arrangements by the most direct route possible to reach his/her Program destination; or]
- [b] [to rejoin the Insured's [Youth] [and Family] Program or] transport him/her to his/her originally scheduled return destination, if he/she must interrupt his/her [Youth] [and Family] Program after departure [, each by the most direct route possible].]

Program Interruption must be due to:

- 1. [the Insured's, [a Family Member's] [,] [or] Traveling Companion's] [or] [Business Partner's] [or] [Child

Caregiver's] death, which occurs while the Insured is on his/her [Youth] [and Family] Program:]

- 2. [the Insured's, [a Family Member's] [,] [or] Traveling Companion's] [or] [Business Partner's] [or] [Child Caregiver's] covered [Sickness] [or] [Injury] which: a) occurs while the Insured is on his/her [Youth] [and Family] Program, b) requires Medical Treatment at the time of interruption resulting in medically imposed restrictions, as certified by a Legally Qualified Physician, and c) prevents the Insured's continued participation on the [Youth] [and Family] Program:]

- 3. For the **Other Covered Reasons** listed below;

provided such circumstances occur while coverage is in effect.

**"Other Covered Reasons"** means:

- [a. the Insured or his/her Traveling Companion being hijacked, quarantined, required to serve on a jury (notice of jury duty must be received after his/her Effective Date) served with a court order to appear as a witness in a legal action in which the Insured or his/her Traveling Companion is not a party (except law enforcement officers);]
- [b. the Insured's or his/her Traveling Companion's primary place of residence [or destination] being rendered uninhabitable [and remaining uninhabitable during scheduled [Youth] [and Family] Program,] by fire, flood, burglary or other natural disaster;]
- [c. the Insured's or his/her Traveling Companion's place of employment is rendered unsuitable for business due to fire, flood, burglary or other natural disaster and the Insured and/or his/her Traveling Companion are required to work as a result;]
- [d. a documented theft of passports or visas;]
- [e. a permanent transfer of employment of [250] miles or more;]
- [f. the Insured or his/her Traveling Companion being directly involved in a traffic accident, substantiated by a police report, while en route to his/her scheduled point of departure;]

- [g. unannounced Strike that causes complete cessation of services for at least [12] consecutive hours of the [Common] [Air] Carrier on which the Insured is scheduled to travel;]
- [h. Inclement Weather that causes complete cessation of services for at least [12] consecutive hours of the [Common] [Air] Carrier on which the insured is scheduled to travel;]
- [i. mechanical breakdown that causes complete cessation of services for at least [12] consecutive hours of the [Common] [Air] Carrier on which the insured is scheduled to travel;]
- [j. a government-mandated shutdown of an airport or air traffic control system for reasons other than terrorism or an act of war;]
- [k. the insured or his/her Traveling Companion is in the military and called to emergency duty for a national disaster other than war;]
- [l. involuntary employer termination or layoff [which occurs [30] days or more after the Insured's Effective Date] [of] [affecting] the Insured [or a Traveling Companion]. Employment must have been with the same employer for at least [1] continuous year;]
- [m. a Terrorist Incident that occurs within [30] days of the Insured's Scheduled Departure Date in a city listed on the itinerary of his/her [Youth] [and Family] Program. [This same city must not have experienced a Terrorist Incident within the 90 days prior to the Terrorist Incident that is causing the Insured's interruption of the Trip.] [Benefits are not provided if the Program Supplier offers a substitute itinerary;]
- [n. revocation of the Insured's previously granted military leave or re-assignment due to war. Official written revocation/re-assignment by a supervisor or commanding officer of the appropriate branch of service will be required;][.]] [This benefit only applies if the Policy has been purchased within [10] days of the Insured's initial payment for the Trip and for the full cost of the Trip;]
- [o. Bankruptcy or Default of [a] [an] [airline,] [or] [cruise line,] [tour operator] [or other travel provider] [(other than the [Program Supplier] [,] [tour operator] [or] [travel agency,]

[organization or firm] from whom the Insured purchased [his/her] Program Arrangements [supplied by others]]) causing a complete cessation of travel services more than [14] days following his/her Effective Date. [Benefits will be paid due to Bankruptcy or Default of an airline only if no alternate transportation is available. If alternate transportation is available, benefits will be limited to the change fee charged to allow the Insured to transfer to another airline in order to get to his/her intended destination.] This benefit only applies if the Policy has been purchased [within [15] days of the date the Insured's initial deposit/payment for the [Youth] [and Family] Program is received;] [at or before the final payment due date for [Youth] [and Family] Program;] [with or before the final payment for the [Youth] [and Family] Program;] [no later than [60] days prior to the Scheduled Departure Date of the [Youth] [and Family] Program; or if the [Youth] [and Family] Program is initially booked within [60] days of the Scheduled Departure Date of the [Youth] [and Family] Program, the Insured's payment for this plan is received [with] [within [2] days of] the initial deposit/payment for the [Youth] [and Family] Program;] [within [7] days] of [February 1st of each year] [the date of the acceptance letter from [Program Supplier Name]] [and the Insured insures the full cost of the [Youth] [and Family] Program subject to penalties or restrictions];]

- [p. the Insured's family or friends living abroad with whom he/she is planning to stay are unable to provide accommodations due to life threatening illness, life threatening injury or death of one of them;]
- [q. the Insured, his/her Traveling Companion or a Family Member traveling with him/her is required to work during the [Youth] [and Family] Program. A written statement by an unrelated company official and/or the Human Resources department demonstrating revocation of previously approved time off will be required [.] [The Insured, his/her Traveling Companion or Family Member cannot be a company owner or partner] [.] [This benefit only applies if the Policy has been purchased [within [15] days of the Insured's initial payment for the [Youth] [and Family] Program];]
- [r. mandatory evacuation, or official public evacuation advisements where there is no mandatory evacuation order issued, by local government authorities at the

Insured's [Youth] [and Family] Program destination due to adverse weather or natural disaster. In order to cancel his/her [Youth] [and Family] Program, he/she must have [4] days or [50%] of his/her total [Youth] [and Family] Program length or less remaining on his/her [Youth] [and Family] Program at the time the mandatory evacuation ends;]

- [s. felonious assault of the Insured or his/her Traveling Companion within [10] days of the Scheduled Program Commencement Date;]
- [t. the Insured, his/her Traveling Companion or Family Member traveling with him/her are directly involved in the merger of the Insured's employer or the acquisition of his/her employer by another company][.] [The Insured, his/her Traveling Companion or Family Member cannot be a company owner or partner;]
- [u. a cancellation of the Insured's [Youth] [and Family] Program within [24] hours of his/her Scheduled Program Commencement Date and time if his/her [Youth] [and Family] Program destination is under a hurricane warning issued by the NOAA National Hurricane Center, provided the cancellation of the Insured's [Youth] [and Family] Program occurs more than [14] days following his/her Effective Date of coverage for the Program Cancellation Benefits;]
- [v. the primary or secondary school that the Insured, his/her Family Member or Traveling Companion attends continues classes beyond the predefined school year, due to unforeseeable events which: 1) occur after the Insured's Effective Date for Trip Cancellation; and 2) cause the classes to extend beyond the Scheduled Departure Date of his/her [Youth] [and Family] Program. Extensions due to extra-curricular or athletic events are not covered;]
- [w. a cancellation of the Insured's [Youth] [and Family] Program if his/her arrival on the [Youth] [and Family] Program is delayed and causes him/her to lose 50% or more of the scheduled [Youth] [and Family] Program duration due to the reasons covered under the Missed Connection Benefit].]

#### **[[Additional Program Interruption Benefits:]**

[If the Insured's Traveling Companion must remain hospitalized, benefits will also be paid for reasonable

accommodation [, telephone call] and transportation expenses incurred by the Insured to remain with his/her Traveling Companion up to [[\$100] per day, limited to [10] days] [a maximum of [\$1,000].]

[If the Insured cannot continue travel due to a covered Injury or Sickness not requiring hospitalization, and he/she must extend his/her [Youth] [and Family] Program due to medically imposed restrictions, as certified by a Legally Qualified Physician, benefits will be paid for additional hotel nights up to [[\$100] per day, limited to [10] days] [a maximum of [\$1,000].]

[If the Insured interrupts his/her [Youth] [and Family] Program for a covered reason, We will also reimburse him/her, up to [\$500], for the amount of unused, forfeited, non-refundable payments for shore excursions; theater, concert or event tickets or fees; or sightseeing if such arrangements are made during the Insured's [Youth] [and Family] Program and are to be used prior to the scheduled return from his/her [Youth] [and Family] Program.]

#### **[[Single Supplement]**

[Benefits will be paid, up to the Maximum Benefit Amount, for the additional cost incurred as a result of a change in the per person occupancy rate for prepaid Program Arrangements if a Traveling Companion's or Family Member's [Youth] [and Family] Program is interrupted for a covered reason and the Insured does not interrupt his/her Trip.]

[These benefits will not duplicate any other benefits payable under the Policy or any coverage(s) attached to the Policy.]]

#### **[[TRAVEL DELAY]**

Benefits will be paid for reasonable accommodation, meal, [, telephone call] and local transportation expenses incurred by the Insured, up to the Maximum Benefit Amount shown in the [Confirmation of Benefits] [Schedule of Benefits], if he/she is delayed for [12] hours or more while en route to or from, or during his/her [Youth] [and Family] Program, due to:

- a) any delay of a Common Carrier (the delay must be certified by the Common Carrier);
- b) a traffic accident in which the Insured or his/her Traveling Companion are not directly involved (must be substantiated by a police report);

- c) lost or stolen passports, travel documents or money (must be substantiated by a police report);
- d) quarantine, hijacking, Strike, natural disaster, terrorism or riot;
- e) a documented weather condition preventing the Insured from getting to the point of departure.

[If the Insured is delayed by a Common Carrier while en route to the final return destination of his/her [Youth] [and Family] Program and has placed his/her cat or dog in a kennel for the duration of the [Youth] [and Family] Program and he/she is unable to collect the cat or dog on the day previously agreed with the kennel, benefits will be paid up to [\$50 per day,] [on a one-time basis,] up to the Maximum Benefit Amount to cover the necessary additional kennel fees.

The insured must provide the following documentation when presenting a claim for these benefits:

- a) Written confirmation of the reasons for delay from the Common Carrier whose delay resulted in the loss, including but not limited to; scheduled departure and return times and actual departure and return times;
- b) Written confirmation from the kennel advising the original pick-up date and the actual pick-up date.]

[Benefits will not be paid for any expenses, which have been reimbursed, or for any services that have been provided by the Common Carrier.]

[We will reimburse the Insured up to [\$100] for airline club admission incurred at a sponsored airline club at the airport during which time he/she is experiencing a flight delay. Receipts for the expenses incurred must be submitted for reimbursement.]

[We will reimburse the Insured up to [\$50] for expenses incurred directly related to internet usage fees incurred during the time he/she is experiencing a Common Carrier delay. Receipts for the expenses incurred must be submitted for reimbursement.]

[We will reimburse the Insured for one movie rental up to [\$25], in the event his/her delay results in an overnight stay (other than his/her home residence) if he/she is delayed en route to or from the Trip. This does not include movie

rentals that are rated "X" or above by the Classification and Rating Administration (CARA).]

[These benefits will not duplicate any other benefits payable under the Policy or any coverage(s) attached to the Policy.]]

**[[VACATION RENTAL] [TIMESHARE EXCHANGE]  
RIDER**

This [Vacation Rental] [Timeshare Exchange] Rider is a part of the Policy to which it is attached. It is issued in consideration of payment of the required premium.

The Policy is amended as follows:

[The following **TRIP CANCELLATION** provision is deleted in its entirety:

**[TRIP CANCELLATION]**

Benefits will be paid, up to the Maximum Benefit Amount shown in the [Confirmation of Benefits] [Schedule of Benefits], to reimburse the Insured for the amount of [the Published Penalties] [and] [unused non-refundable prepaid Payments or Deposits] he/she paid for Travel Arrangements [, including up to \$150] for the cost of airline-imposed fees to rebank frequent flyer miles for air flights to join his/her Trip] when he/she is prevented from taking his/her Trip due to:

and replaced as follows:

**[[VACATION RENTAL] [TIMESHARE EXCHANGE]  
CANCELLATION]**

[A [Vacation Rental] [Timeshare Exchange] Cancellation Benefit will be paid, up to the amount shown in the [Confirmation of Benefits] [Schedule of Benefits to reimburse the Insured for the amount of [the Published Penalties] [and] [unused non-refundable prepaid Payments or Deposits] for [Timeshare] Travel Arrangements, [Exchange Fees,] [Maintenance Charges,] [and] [/] [or] [Guest Fees] that the Insured paid for his/her Trip [and] [/] [or] [Timeshare Exchange]. [Reimbursement for Maintenance Charges will only be made in the event his/her scheduled Trip must be cancelled due to closure of the [timeshare] [vacation rental] property by the [Exchange Company] [Vacation Rental Company] [or] [Federal, state or local authorities] due to a natural disaster.]

[The following **TRIP INTERRUPTION** provision is deleted in its entirety:

**[TRIP INTERRUPTION]**

Benefits will be paid, up to [the lesser of a)] the Maximum Benefit Amount shown in the [Confirmation of Benefits] [Schedule of Benefits] [; or b)] [150% of] the total amount of coverage the Insured purchased], to reimburse him/her for the prepaid Payments [or Deposits] for unused non-refundable land or water Travel Arrangements] [plus] [the Additional Transportation Cost paid]:

- [a) to join the Insured's Trip if he/she must depart after his/her Scheduled Departure Date or travel via alternate travel arrangements by the most direct route possible to reach his/her Trip destination; or]
- [b) [to rejoin the Insured's Trip or] transport him/her to his/her originally scheduled return destination, if he/she must interrupt his/her Trip after departure [, each by the most direct route possible].]

and replaced as follows:

**[[VACATION RENTAL] [TIMESHARE EXCHANGE]  
INTERRUPTION]**

Benefits will be paid, up to [the lesser of a)] the Maximum Benefit Amount shown in the [Confirmation of Benefits] [Schedule of Benefits] [; or b)] [150% of] the total amount of coverage the Insured purchased], to reimburse him/her for the prepaid Payments [or Deposits] for unused non-refundable land or water [Timeshare] Travel Arrangements] [plus] [the Additional Transportation Cost paid]:

- [a) to join the Insured's Trip if he/she must depart after his/her Scheduled Departure Date or travel via alternate travel arrangements by the most direct route possible to reach his/her Trip destination; or]
- [b) to [rejoin the Insured's Trip or] transport him/her to his/her originally scheduled return destination, if he/she must interrupt his/her Trip after departure [, each by the most direct route possible].]

[We will also reimburse the Insured for the cost incurred [up to \$250] [in the [Confirmation of Benefits] [Schedule of Benefits]] to drive [or transport] his/her Covered Vehicle to his/her Home if: 1) the Insured is using his/her Covered Vehicle on the Trip; 2) the Covered Vehicle is with the Insured at the place where

the Trip is interrupted; 3) the place where the Trip is interrupted is [100] miles or more away from the Insured's Home, and 4) the Insured is [medically] unable to drive Home.]]

**The Definitions Section of the Policy is amended to add the following Definitions:**

**["Covered Vehicle"** means a private passenger vehicle [(including mini-vans, pickup trucks and sport utility vehicles)] owned by or under long term lease [(1) year or more) to the Insured.]

**["Exchange Company"** means an organization under contract with the Insured to provide Timeshare Exchange vacation time within a network of Exchange Properties.]

**["Exchange Fees"** means the fees charged by the Exchange Company to reserve Timeshare Exchange accommodations at Exchange Properties.]

**["Exchange Properties"** means resorts or hotels within an Exchange Company network to provide Timeshare Exchange accommodations for contracted members.]

**["Guest Fees"** means the fees associated with the issuance of a Guest Certificate on behalf of the Insured to another person when such Guest Certificate has been used for an Exchange.]

**["Home"** means the Insured's primary place of residence.]

**["Home Resort"** means a resort at which the Insured owns Timeshare Exchange vacation time.]

**["Maintenance Charges"** means the annual assessment paid for maintenance, taxes and management fees for the Home Resort owned by the Insured.]

**["Timeshare Exchange"** means the process pursuant to an agreement between the Insured and the Exchange Company whereby he/she exchanges vacation time in his/her Home Resort for a comparable vacation in an Exchange Property.]

["Timeshare Points" means the currency or value of the points allocated or used for the Insured's Timeshare Travel Arrangements or Timeshare Exchange by the Exchange Company.]

[[The following **TRIP PROPERTY DAMAGE LIABILITY** coverage is added to the Policy:]

**[[COVERAGE S]  
[PROPERTY DAMAGE LIABILITY]**

[If the Insured rents or is otherwise booked to stay in an apartment; condominium; or other vacation or [time share] residential unit during his/her Trip, We will reimburse the Insured up to [\$5,000] for his/her liability for damage to any such unit or its contents, subject to the following:

- 1) [the damage to any such unit or its contents must be caused by an accident beyond the Insured's control that occurs during his/her occupancy of the unit on his/her Trip; and]
- 2) [this benefit applies only to any liability or obligation the Insured expressly assumes under a written agreement for the rental or use of any such unit by him/her during his/her Trip, provided the agreement is executed by him/her prior to his/her occupancy of the unit; and]
- 3) [the owner, lessor or legal representative of any such unit has made formal written demand to the Insured for loss or damage to such unit or its contents; and]
- 4) [the Insured is adjudged or determined to be responsible for the loss or damage to any such unit.]

[This coverage does not apply to:

- a. [any loss to motor homes; recreational vehicles; trailers; campers; boats or other watercraft; or any other vehicles or conveyances, whether motorized or not; or]
- b. [any loss which occurs as the result of an act or activity of the Insured, [his/her Traveling Companion] [or Family Member] traveling with him/her that is in

violation of the written agreement for the rental or use of any such unit by him/her during his/her Trip; or]

- c. [any loss or damage to any other property or person as a result of a covered loss; or]
- d. [any loss or damage to a [hotel room] [or suite], [motel room] [or suite] [or similar lodging [room] [or suite]; or]
- e. [any loss or damage arising from pets or other animals accompanying the Insured, his/her [Traveling Companion] or [Family Member] traveling with him/her during his/her Trip.]]

Benefits are subject to all terms and conditions of the Policy. This Amendment does not waive, alter, or extend any provisions, limitations, or exclusions of the Policy except to the extent shown above.

[This Amendment takes effect and ends concurrently with the Policy or Policy to which it is attached.]

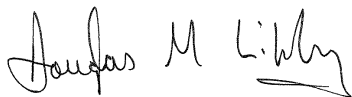
[These benefits will not duplicate any other benefits payable under the Policy or any coverage(s) attached to the Policy.]]

United States Fire Insurance Company  
Administrative Office: 5 Christopher Way,  
Eatontown, NJ 07724  
(Hereinafter referred to as "the Company")

**TRAVEL [PROTECTION] [INSURANCE] [PLAN]  
[CERTIFICATE]**

This [Certificate] [Plan] of Insurance describes the insurance benefits underwritten by United States Fire Insurance Company, herein referred to as the Company and also referred to as We, Us and Our. [The insurance benefits vary from program to program.] Please refer to the [accompanying Confirmation of Benefits] [Schedule of Benefits], which provides the Insured, also referred to as You or Your, with specific information about the program You purchased. [You should contact the Company immediately if You believe that the [Confirmation of Benefits] [Schedule of Benefits] is incorrect.]

**Signed for United States Fire Insurance Company By:**



Douglas M. Libby  
Chairman and CEO

[Insurance provided by this [Certificate] [Plan] is subject to all of the terms and conditions of the Group Policy. If there is a conflict between the Policy and [Certificate] [Plan], the Policy will govern.]

[If You are not satisfied for any reason, You may return Your [Certificate] [Plan] to [xxxxxxx] within [10] days after receipt. Your [premium] [plan payment] will be refunded, provided You have not already departed on the Trip or filed a claim. When so returned, the [Certificate] [Plan] is void from the beginning.]

**[TABLE OF CONTENTS]**

<b>[SCHEDULE OF BENEFITS]</b>	
<b>SECTION I.</b>	<b>COVERAGES</b>
<b>SECTION II.</b>	<b>DEFINITIONS</b>
<b>SECTION III.</b>	<b>INSURING PROVISIONS</b>
<b>SECTION IV.</b>	<b>GENERAL EXCLUSIONS</b>
<b>SECTION V.</b>	<b>GENERAL PROVISIONS</b>
<b>[SECTION VI.]</b>	<b>COORDINATION OF BENEFITS]]</b>

**[SCHEDULE OF BENEFITS]**

<b>Benefit Amount</b>	<b>Maximum Benefit</b>
<b>[Part A – Travel Arrangement Protection]</b>	
[Trip Cancellation] .....	[Trip Cost] [Amount Purchased] [\$150,000]]
[Trip Interruption].....	[[150% of] Trip Cost] [Amount Purchased] [\$150,000]]
[Missed Connection].....	[\$5,000]]
[Travel Delay] [(Up to [\$1,000] Per Day)] .....	[\$10,000]
<b>[Part B – Travel Insurance Benefits]</b>	
[Accidental Death and Dismemberment] .....	[\$1,000,000]]
[24-Hour (Other than Air Flight)].....	[\$250,000]]
[24-Hour (Other than Common Carrier)] .....	[\$250,000]]
[Air Flight Only].....	[\$1,000,000]]
[Common Carrier Only] .....	[\$1,000,000]]
[Medical Expense/Emergency Assistance]	
[Accident Medical Expense] .....	[\$1,000,000]]
[Sickness Medical Expense].....	[\$1,000,000]]
[Emergency Medical Evacuation] .....	[\$1,000,000]]
[Non-Emergency Medical Evacuation] .....	[\$1,000,000]]
[Non-Medical Emergency Evacuation] .....	[\$50,000]]
[Baggage and Personal Effects].....	[\$10,000]]
[Baggage Delay] [(Up to [\$500] Per Day)].....	[\$2,500]]
[Sports Equipment Rental] [(Up to [\$500] Per Day)]	[\$2,500]]
[Cancel For Any Reason Benefit] .....	[[Up To] [100%] of

	Non-Refundable Trip Cost]]
[Rental Car Damage] .....	[\$50,000]]
[Itinerary Change] .....	[\$5,000]]
[Lost Skier Days].....	[\$5,000]]
[Property Damage Liability].....	[\$10,000]]
[Search and Rescue] .....	[\$10,000]]

**SECTION I. COVERAGES**

**[[COVERAGE A]  
[[24-HOUR] ACCIDENTAL DEATH AND DISMEMBERMENT]**

You are eligible for benefits 24 hours a day [other than air flight] [other than Common Carrier], up to the Maximum Benefit Amount shown in the [Confirmation of Benefits] [Schedule of Benefits], when You sustain an Injury during the Trip which results in a Loss noted below within [181] days of the date of the Injury causing the Loss.

Benefits will be paid as follows:

Type of Loss	Benefit Amount
[Loss of Life]	Principal Sum]
[Loss of both hands]	Principal Sum]
[Loss of both feet]	Principal Sum]
[Loss of both eyes]	Principal Sum]
[Loss of one hand and one foot]	Principal Sum]
[Loss of one hand and one eye]	Principal Sum]
[Loss of one foot and one eye]	Principal Sum]
[Loss of one hand]	Half of the Principal Sum]
[Loss of one foot]	Half of the Principal Sum]
[Loss of one eye]	Half of the Principal Sum]
[Loss of thumb and index finger of the same hand]	Quarter of the Principal Sum]

**Loss of hand or hands, or foot or feet**, means severance at or above the wrist joint or ankle joint, respectively.

**Loss of eye or eyes** means the total and irrecoverable loss of the entire sight thereof.

Only one of the amounts shown above (the largest applicable) will be paid for Injuries resulting from one accident.

The benefit for loss of: (a) two limbs; (b) both eyes; or (c) one limb and one eye is payable only when such loss results from the same accident.

The Principal Sum is shown in the [Confirmation of Benefits] [Schedule of Benefits].]

#### [EXPOSURE AND DISAPPEARANCE

If, while insured under this Coverage [A], You are unavoidably exposed to the elements because of a covered accident and suffer a loss for which benefits are payable under this Coverage [A], such loss will be covered.

If, while insured under this Coverage [A], You are in an accident resulting in the disappearance, sinking or damaging of an air or water conveyance on which You are covered by this Coverage [A], and if Your body has not been found within [52 weeks] from the date of the accident, it will be presumed, unless there is evidence to the contrary, that You suffered loss of life as a result of those Injuries.]

These benefits will not duplicate any other benefits payable under the [Certificate] [Plan] or any coverage(s) attached to the [Certificate] [Plan].]

#### [[[COVERAGE B] [COMMON CARRIER] ACCIDENTAL DEATH AND DISMEMBERMENT]

You are eligible for benefits, up to the Maximum Benefit Amount shown in the [Confirmation of Benefits] [Schedule of Benefits], when You sustain covered Injuries: received while a passenger (not as a pilot, operator or member of the crew) riding in, boarding or alighting from a public conveyance provided by a Common Carrier that result in any of the following losses within [181 days] from the date of the accident.

Benefits will be paid as follows:

Type of Loss	Benefit Amount
[Loss of Life	Principal Sum]
[Loss of both hands	Principal Sum]
[Loss of both feet	Principal Sum]
[Loss of both eyes	Principal Sum]
[Loss of one hand and one foot	Principal Sum]

[Loss of one hand and one eye	Principal Sum]
[Loss of one foot and one eye	Principal Sum]
[Loss of one hand	Half of the Principal Sum]
[Loss of one foot	Half of the Principal Sum]
[Loss of one eye	Half of the Principal Sum]
[Loss of thumb and index finger of the same hand	Quarter of the Principal Sum]

**Loss of hand or hands, or foot or feet**, means severance at or above the wrist joint or ankle joint, respectively.

**Loss of eye or eyes** means the total and irrecoverable loss of the entire sight thereof.

Only one of the amounts shown above (the largest applicable) will be paid for Injuries resulting from one accident.

The benefit for loss of: (a) two limbs; (b) both eyes; or (c) one limb and one eye is payable only when such loss results from the same accident.

These benefits will not duplicate any benefits payable under the [Certificate] [Plan] or any coverage(s) attached to the [Certificate] [Plan].]

The Principal Sum is shown in the [Confirmation of Benefits] [Schedule of Benefits].]

#### [EXPOSURE AND DISAPPEARANCE

If, while insured under this Coverage [B], You are unavoidably exposed to the elements because of a covered accident and suffers a loss for which benefits are payable under this Coverage [B], such loss will be covered.

If, while insured under this Coverage [B], You are in an accident resulting in the disappearance, sinking or damaging of an air or water conveyance on which You are covered by this Coverage [B], and if Your body has not been found within [52 weeks] from the date of the accident, it will be presumed, unless there is evidence to the contrary, that You suffered loss of life as a result of those Injuries.]

These benefits will not duplicate any other benefits payable under the [Certificate] [Plan] or any coverage(s) attached to the [Certificate] [Plan].]

#### [[[COVERAGE C] [ACCIDENTAL DEATH AND DISMEMBERMENT [- AIR FLIGHT ONLY]]]

You are eligible for benefits, up to the Maximum Benefit Amount shown in the [Confirmation of Benefits] [Schedule of Benefits], when You sustain covered Injuries:

- while riding solely as a passenger in an aircraft on a regularly scheduled airline flight or regularly scheduled charter flight [operated:
  - in scheduled air transportation pursuant to economic authority issued by the Civil Aeronautics Board;
  - by an intrastate scheduled airline of United States registry maintaining regularly published schedules and licensed for the transportation of passengers by a duly constituted authority having jurisdiction over civil aviation in the state in which said airline operates; or
  - by a scheduled airline of foreign registry maintaining regularly published schedules and licensed for transportation of passengers by the duly constituted governmental authority having jurisdiction over civil aviation in the country of registry of such airline[.] [:] [or]
- while riding as a passenger in any land or water conveyance provided at the expense of the air carrier as a substitute for an aircraft covered by this [Certificate] [Plan][.] [.]
- while riding as a passenger in a vehicle licensed to carry passengers for hire, but only when going to an airport to board an aircraft on which You are covered by this [Certificate] [Plan] or when leaving an airport after alighting from such an aircraft; or]
- while upon airport premises designated for passenger use immediately before boarding or immediately after alighting from an aircraft on which You are covered by this [Certificate] [Plan][:] [.] [.]

that result in any of the following losses within [181 days] from the date of the accident.



Benefits will be paid as follows:

Type of Loss	Benefit Amount
[Loss of Life	Principal Sum]
[Loss of both hands	Principal Sum]
[Loss of both feet	Principal Sum]
[Loss of both eyes	Principal Sum]
[Loss of one hand and one foot	Principal Sum]
[Loss of one hand and one eye	Principal Sum]
[Loss of one foot and one eye	Principal Sum]
[Loss of one hand	Half of the Principal Sum]
[Loss of one foot	Half of the Principal Sum]
[Loss of one eye	Half of the Principal Sum]
[Loss of thumb and index finger of the same hand	Quarter of the Principal Sum]

**Loss of hand or hands, or foot or feet**, means severance at or above the wrist joint or ankle joint, respectively.

**Loss of eye or eyes** means the total and irrecoverable loss of the entire sight thereof.

Only one of the amounts shown above (the largest applicable) will be paid for Injuries resulting from one accident.

The benefit for loss of: (a) two limbs; (b) both eyes; or (c) one limb and one eye is payable only when such loss results from the same accident.

The Principal Sum is shown in the [Confirmation of Benefits] [Schedule of Benefits].

[Flight Only Accidental Death and Dismemberment also includes an Accident Medical Expense Benefit that provides You a maximum of [\$50] of Accident Medical Expense Benefit Limit for each [\$1,000] of Your chosen Flight Only Accidental Death and Dismemberment Benefit amount.

Covered Accident Medical Expenses incurred due to Injury only are paid up to the maximum Accident Medical Expense Benefit Limit, for the following eligible expenses: treatment by a Legally Qualified Physician; care or service from a Hospital; services provided by an ambulatory medical-surgical facility; home health care from a licensed home health agency, but only if continued Hospital care would have otherwise been

required; attendance of a registered graduate nurse; X-ray examination; or, use of an ambulance.

[You must receive initial medical treatment within [30 days] of the date of accident. Eligible Medical Expenses must be incurred within [52 weeks] of the date of accident. This insurance does not cover injuries received while making a parachute jump (unless to save a life).]

#### [EXPOSURE AND DISAPPEARANCE

If, while insured under this Coverage [C], You are unavoidably exposed to the elements because of a covered accident and suffer a loss for which benefits are payable under this Coverage [C], such loss will be covered.

If, while insured under this Coverage [C], You are in an accident resulting in the disappearance, sinking or damaging of an air or water conveyance on which You are covered by this Coverage [C], and if Your body has not been found within [52 weeks] from the date of the accident, it will be presumed, unless there is evidence to the contrary, that You suffered loss of life as a result of those Injuries.]

These benefits will not duplicate any other benefits payable under the [Certificate] [Plan] or any coverage(s) attached to the [Certificate] [Plan].]

#### [[COVERAGE D] [ACCIDENT MEDICAL EXPENSE]

[Benefits will be paid for the Covered Expense incurred, up to the Maximum Benefit Amount shown in the [Confirmation of Benefits] [Schedule of Benefits], as a result of an accidental Injury, which first occurs during the Trip. Only Covered Expenses incurred during the Trip will be reimbursed. Expenses incurred after the Trip are not covered.]

[Benefits will be paid for the Covered Expense incurred, up to the Maximum Benefit Amount shown in the [Confirmation of Benefits] [Schedule of Benefits], as a result of an accidental Injury, which first occurs during the Trip. [You must receive the initial Medical Treatment for the Injury within [30 days] after the date of the accident which caused the Injury.] [All services [.] [supplies] or treatment must be received within the [52 weeks] following the date of the accident.] [All Covered Expenses must be incurred by You within [365 days of Your Injury] [[30] days of the Scheduled Return Date of Your Trip].]

[Benefits will include [up to \$750 for] expenses for emergency dental treatment due to Injury to natural teeth.]

[Benefits will include [up to \$750 for] expenses incurred during Your Trip for emergency dental treatment. Only expenses for emergency dental treatment to natural teeth incurred during the Trip will be reimbursed. Expenses incurred after the Trip are not covered.]

Benefits will not be paid in excess of the Usual and Customary Charges.

[Advance payment will be made to a Hospital, up to the Maximum Benefit Amount, if needed to secure Your admission to a Hospital, because of a covered accidental Injury. The [Program Medical Advisor] [authorized travel assistance company] will coordinate advance payment to the Hospital.]

For the purpose of this benefit:

"Covered Expense" means expense incurred only for the following:

1. The medical services, prescription drugs, [prosthetics,] [and] therapeutic services [and supplies] ordered or prescribed by a Legally Qualified Physician as Medically Necessary for treatment;
2. Hospital or ambulatory medical-surgical center services [(including expenses for a cruise ship cabin or hotel room, not already included in the cost of the Your Trip, if recommended as a substitute for a hospital room for recovery from an Injury)];
3. Transportation furnished by a professional ambulance company to and/or from a Hospital.

These benefits will not duplicate any benefits payable under the [Certificate] [Plan] or any coverage(s) attached to the [Certificate] [Plan].]

#### [COVERAGE E [SICKNESS MEDICAL EXPENSE]

[Benefits will be paid for the Covered Expense incurred, up to the Maximum Benefit Amount shown in the [Confirmation of Benefits] [Schedule of Benefits], as a result of a Sickness, which first occurs during the Trip. Only Covered Expenses incurred during the Trip will be reimbursed. Expenses incurred after the Trip are not covered.]

[Benefits will be paid for the Covered Expense incurred, up to the Maximum Benefit Amount shown in the [Confirmation of Benefits] [Schedule of Benefits], as a result of a Sickness, which first occurs during the Trip. [You must receive the initial Medical Treatment for the Sickness within [30 days] after the date of the Sickness.] [All services, supplies or treatment must be received within the [52 weeks] following the date of the Sickness.] [All Covered Expenses must be incurred by You within [365 days of Your Sickness] [[30] days of the Scheduled Return Date of Your Trip].]

[Benefits will include [up to \$750 for] expenses for emergency dental treatment due to Injury to natural teeth.]

[Benefits will include [up to \$750 for] expenses incurred during Your Trip for emergency dental treatment. Only expenses for emergency dental treatment to natural teeth incurred during the Trip will be reimbursed. Expenses incurred after the Trip are not covered.]

Benefits will not be paid in excess of the Usual and Customary Charges.

[Advance payment will be made to a Hospital, up to the Maximum Benefit Amount, if required to secure Your admission to a Hospital, up to the Maximum Benefit Amount, because of a covered Sickness. The [Program Medical Advisor] [authorized travel assistance company] will coordinate advance payment to the Hospital.]

For the purpose of this benefit:

“Covered Expense” means expense incurred only for the following:

1. The medical services, prescription drugs, [prosthetics,] [and] therapeutic services [and supplies] ordered or prescribed by a Legally Qualified Physician as Medically Necessary for treatment;
2. Hospital or ambulatory medical-surgical center services [(including expenses for a cruise ship cabin or hotel room, not already included in the cost of the Your Trip, if recommended as a substitute for a hospital room for recovery from a Sickness)];
3. Transportation furnished by a professional ambulance company to and/or from a Hospital.

[These benefits will not duplicate any other benefits payable under the [Certificate] [Plan] or any coverage(s) attached to the [Certificate] [Plan].]

#### **[[COVERAGE F] [TRIP CANCELLATION]**

Benefits will be paid, up to the Maximum Benefit Amount shown in the [Confirmation of Benefits] [Schedule of Benefits], to reimburse You for the amount of [the Published Penalties] [and] [unused non-refundable prepaid Payments [or Deposits]] You paid for Travel Arrangements [, including up to [\$150] for the cost of airline-imposed fees to rebook frequent flyer miles for air flights to join Your Trip] when You are prevented from taking Your Trip due to:

1. [Your[,] [or] [a Family Member's] [,] [or] [a Traveling Companion's] [or] [a Business Partner's] [or] [a Child Caregiver's] death, which occurs before departure on Your Trip;]
2. [Your[,] [or] [a Family Member's] [,] [or] [a Traveling Companion's] [or] [a Business Partner's] [or] [a Child Caregiver's] covered [Sickness] [or] [Injury], which: a) occurs before departure on Your Trip, b) requires Medical Treatment at the time of cancellation resulting in medically imposed restrictions, as certified by a Legally Qualified Physician, and c) and prevents Your participation in the Trip;]
3. For the **Other Covered Reasons** listed below; provided such circumstances occur while coverage is in effect.

“Other Covered Reasons” means:

- a. You or Your Traveling Companion being hijacked, quarantined, required to serve on a jury (notice of jury duty must be received after Your Effective Date), served with a court order to appear as a witness in a legal action in which You or Your Traveling Companion is not a party (except law enforcement officers);]
- b. Your or Your Traveling Companion's primary place of residence [or destination] being rendered uninhabitable [and remaining uninhabitable during Your scheduled Trip,] by fire, flood, burglary or other natural disaster;]

- c. Your or Your Traveling Companion's place of employment is rendered unsuitable for business due to fire, flood, burglary or other natural disaster and You and/or Your Traveling Companion are required to work as a result;]
- d. a documented theft of passports or visas;]
- e. a permanent transfer of employment of [250] miles or more;]
- f. You or Your Traveling Companion being directly involved in a traffic accident, substantiated by a police report, while en route to Your scheduled point of departure;]
- g. unannounced Strike that causes complete cessation of services for at least [12] consecutive hours of the [Common] [Air] Carrier on which You are scheduled to travel;]
- h. Inclement Weather that causes complete cessation of services for at least [12] consecutive hours of the [Common] [Air] Carrier on which You are scheduled to travel;]
- i. mechanical breakdown that causes complete cessation of services for at least [12] consecutive hours of the [Common] [Air] Carrier on which You are scheduled to travel;]
- j. a government-mandated shutdown of an airport or air traffic control system due to a natural disaster;]
- k. You or Your Traveling Companion is in the military and called to emergency duty for a national disaster other than war;]
- l. involuntary employer termination or layoff [which occurs [30] days or more after Your Effective Date] [of] [affecting] You [or a Traveling Companion]. Employment must have been with the same employer for at least [1] continuous year;]
- m. a Terrorist Incident that occurs within [30] days of Your Scheduled Departure Date in a city listed on the itinerary of Your Trip. [This same city must not have experienced a Terrorist Incident within the 90 days prior to the Terrorist Incident that is causing Your cancellation of the Trip.] [Benefits are not provided if the Travel Supplier offers a substitute itinerary];]

- [n. revocation of Your previously granted military leave or re-assignment due to war. Official written revocation/re-assignment by a supervisor or commanding officer of the appropriate branch of service will be required[;][.]] [This benefit only applies if the [Certificate] [Plan] has been purchased within [10] days of Your initial payment for the Trip and for the full cost of the Covered Trip];]
- [o. Bankruptcy or Default of [a] [an] [airline,] [or] [cruise line,] [tour operator] [or other travel provider] [(other than the [Travel Supplier] [,] [tour operator] [or] [travel agency,] [organization or firm] from whom You purchased [Your] Travel Arrangements [supplied by others])] causing a complete cessation of travel services more than [14] days following Your Effective Date. [Benefits will be paid due to Bankruptcy or Default of an airline only if no alternate transportation is available. If alternate transportation is available, benefits will be limited to the change fee charged to allow You to transfer to another airline in order to get to Your intended destination.] This benefit only applies if the [Certificate] [Plan] has been purchased [within [15] days of the date Your initial deposit/payment for the Trip is received;] [at or before the final payment due date for the Trip;] [with or before the final payment for the Trip;] [no later than [60] days prior to the Scheduled Departure Date of the Trip; or if the Trip is initially booked within [60] days of the Scheduled Departure Date of the Trip, Your payment for this plan is received [with] [within [2] days of] the initial deposit/payment for the Trip;] [within [7] days] of [February 1st of each year] [the date of the acceptance letter from [Travel Supplier Name]] [and You insure the full cost of the Trip subject to penalties or restrictions];]
- [p. Your family or friends living abroad with whom You are planning to stay are unable to provide accommodations due to life threatening illness, life threatening injury or death of one of them;]
- [q. You, Your Traveling Companion or a Family Member traveling with You is required to work during the Trip. A written statement by an unrelated company official and/or the Human Resources department demonstrating revocation of previously approved time off will be required [,] [You, Your Traveling Companion or Family Member cannot be a company owner or partner] [,] [This benefit only applies if the [Certificate]

- [Plan] has been purchased [within [15] days of Your initial payment for the Trip];]
  - [r. mandatory evacuation, or official public evacuation advisements where there is no mandatory evacuation order issued, by local government authorities at Your Trip destination due to adverse weather or natural disaster. In order to cancel Your Trip, You must have [4] days or [50%] of Your total Trip length or less remaining on Your Trip at the time the mandatory evacuation ends;]
  - [s. felonious assault of You or Your Traveling Companion within [10] days of the Scheduled Departure Date;]
  - [t. You, Your Traveling Companion or Family Member traveling with You are directly involved in the merger of Your employer or the acquisition of Your employer by another company][.] [You, Your Traveling Companion or Family Member cannot be a company owner or partner];]
  - [u. a cancellation of Your Trip within [24] hours of Your Scheduled Departure Date and time if Your Trip destination is under a hurricane warning issued by the NOAA National Hurricane Center, provided the cancellation of Your Trip occurs more than [14] days following Your Effective Date of coverage for the Trip Cancellation Benefits;]
  - [v. the primary or secondary school that You, Your Family Member [traveling with You] or Traveling Companion attends continues classes beyond the predefined school year, due to unforeseeable events which: 1) occur after Your Effective Date for Trip Cancellation; and 2) cause the classes to extend beyond the Scheduled Departure Date of Your Trip. Extensions due to extra-curricular or athletic events are not covered;]
  - [w. a cancellation of Your Trip if Your arrival on the Trip is delayed and causes You to lose 50% or more of the scheduled Trip duration due to the reasons covered under the Missed Connection Benefit.]]
- [If You must reschedule the Trip due to a covered reason, a benefit will be paid, up to a maximum of [\$150], for the reissue fee charged by the airline to change Your tickets.]
- [All cancellations must be reported to the Travel Supplier within [72 hours] of the event causing the need to cancel. If the event delays the reporting of the cancellation beyond the [72 hours],

the event should be reported as soon as possible. Increased amounts of [Published Penalties] [and] [unused non-refundable prepaid Payments [or Deposits] that result from all other delays of reporting beyond [72 hours] are not covered.]

[If Your Travel Supplier cancels Your Trip, a benefit will be paid [up to a maximum of [\$150]] for the reissue fee charged by the airline for the tickets. [You must have covered the entire cost of the Trip including the airfare cost.]]

[The maximum payable under this benefit is the lesser of a) the Maximum Benefit Amount shown in the Schedule of Benefits; or b) the total amount of coverage You purchased.]]

#### [[Single Supplement]

[Benefits will be paid, up to the Maximum Benefit Amount, for the additional cost incurred as a result of a change in the per person occupancy rate for prepaid Travel Arrangements if a Traveling Companion's or Family Member's Trip is canceled for a covered reason and You do not cancel Your Trip.]

[These benefits will not duplicate any other benefits payable under the [Certificate] [Plan] or any coverage(s) attached to the [Certificate] [Plan].]]

#### [[COVERAGE G] [TRIP INTERRUPTION]

Benefits will be paid, up to [the lesser of a)] the Maximum Benefit Amount shown in the [Confirmation of Benefits] [Schedule of Benefits] [, or b)] [150% of] the total amount of coverage You purchased], to reimburse You for the prepaid Payments [or Deposits] for unused non-refundable land or water Travel Arrangements] [plus] [the Additional Transportation Cost paid];

[a] to join Your Trip if You must depart after Your Scheduled Departure Date or travel via alternate travel arrangements by the most direct route possible to reach Your Trip destination; or]

[b] to [rejoin Your Trip or] transport You to Your originally scheduled return destination, if You must interrupt Your Trip after departure [, each by the most direct route possible].]

Trip Interruption must be due to:

1. [Your, [a Family Member's] [,] [or] Traveling Companion's] [or] [Business Partner's] [or] [Child Caregiver's] death, which occurs while You are on Your Trip;]
  2. [Your, [a Family Member's] [,] [or] Traveling Companion's] [or] [Business Partner's] [or] [Child Caregiver's] covered [Sickness] [or] [Injury] which: a) occurs while You are on Your Trip, b) requires Medical Treatment at the time of interruption resulting in medically imposed restrictions, as certified by a Legally Qualified Physician, and c) prevents Your continued participation on the Trip;]
  3. For the **Other Covered Reasons** listed below;  
provided such circumstances occur while coverage is in effect.
- “Other Covered Reasons”** means:
- [a. You or Your Traveling Companion being hijacked, quarantined, required to serve on a jury (notice of jury duty must be received after Your Effective Date) served with a court order to appear as a witness in a legal action in which You or Your Traveling Companion is not a party (except law enforcement officers);]
  - [b. Your or Your Traveling Companion's primary place of residence [or destination] being rendered uninhabitable [and remaining uninhabitable during Your scheduled Trip,] by fire, flood, burglary or other natural disaster;]
  - [c. Your or Your Traveling Companion's place of employment is rendered unsuitable for business due to fire, flood, burglary or other natural disaster and You and/or Your Traveling Companion are required to work as a result;]
  - [d. a documented theft of passports or visas;]
  - [e. a permanent transfer of employment of [250] miles or more;]
  - [f. You or Your Traveling Companion being directly involved in a traffic accident, substantiated by a police report, while en route to Your scheduled point of departure;]
  - [g. unannounced Strike that causes complete cessation of services for at least [12] consecutive hours of the [Common] [Air] Carrier on which You are scheduled to travel;]

- [h. Inclement Weather that causes complete cessation of services for at least [12] consecutive hours of the [Common] [Air] Carrier on which You are scheduled to travel;]
- [i. mechanical breakdown that causes complete cessation of services for at least [12] consecutive hours of the [Common] [Air] Carrier on which You are scheduled to travel;]
- [j. a government-mandated shutdown of an airport or air traffic control system for reasons other than terrorism or an act of war;]
- [k. You or Your Traveling Companion is in the military and called to emergency duty for a national disaster other than war;]
- [l. involuntary employer termination or layoff [which occurs [30] days or more after Your Effective Date] [of] [affecting] You [or a Traveling Companion]. Employment must have been with the same employer for at least [1] continuous year;]
- [m. a Terrorist Incident that occurs within [30] days of Your Scheduled Departure Date in a city listed on the itinerary of Your Trip. [This same city must not have experienced a Terrorist Incident within the 90 days prior to the Terrorist Incident that is causing Your interruption of the Trip.] [Benefits are not provided if the Travel Supplier offers a substitute itinerary];]
- [n. revocation of Your previously granted military leave or re-assignment due to war. Official written revocation/re-assignment by a supervisor or commanding officer of the appropriate branch of service will be required;][.][.][.][This benefit only applies if the [Certificate] [Plan] has been purchased within [10] days of Your initial payment for the Trip and for the full cost of the Trip];]
- [o. Bankruptcy or Default of [a] [an] [airline,] [or] [cruise line,] [tour operator] [or other travel provider] [(other than the [Travel Supplier] [,] [tour operator] [or] [travel agency,] [organization or firm] from whom You purchased [Your] Travel Arrangements [supplied by others])] causing a complete cessation of travel services more than [14] days following Your Effective Date. [Benefits will be paid due to Bankruptcy or Default of an airline only if no alternate transportation is available. If alternate transportation is available, benefits will be limited to the

change fee charged to allow You to transfer to another airline in order to get to Your intended destination.] This benefit only applies if the [Certificate] [Plan] has been purchased [within [15] days of the date Your initial deposit/payment for the Trip is received;] [at or before the final payment due date for the Trip;] [with or before the final payment for the Trip;] [no later than [60] days prior to the Scheduled Departure Date of the Trip; or if the Trip is initially booked within [60] days of the Scheduled Departure Date of the Trip, Your payment for this plan is received [with] [within [2] days of] the initial deposit/payment for the Trip;] [within [7] days] of [insert date] of each year] [the date of the acceptance letter from [Travel Supplier Name]] [and You insure the full cost of the Trip subject to penalties or restrictions];]

- [p. Your family or friends living abroad with whom You are planning to stay are unable to provide accommodations due to life threatening illness, life threatening injury or death of one of them;]
- [q. You, Your Traveling Companion or a Family Member traveling with You is required to work during the Trip. A written statement by an unrelated company official and/or the Human Resources department demonstrating revocation of previously approved time off will be required [,] [You, Your Traveling Companion or Family Member cannot be a company owner or partner] [,] [This benefit only applies if the [Certificate] [Plan] has been purchased [within [15] days of Your initial payment for the Trip];]
- [r. mandatory evacuation, or official public evacuation advisements where there is no mandatory evacuation order issued, by local government authorities at Your Trip destination due to adverse weather or natural disaster. In order to cancel Your Trip, You must have [4] days or [50%] of Your total Trip length or less remaining on Your Trip at the time the mandatory evacuation ends;]
- [s. felonious assault of You or Your Traveling Companion within [10] days of the Scheduled Departure Date;]
- [t. You, Your Traveling Companion or Family Member traveling with You are directly involved in the merger of Your employer or the acquisition of Your employer by another company][.][.][.][You, Your Traveling Companion or Family Member cannot be a company owner or partner];]

- [u. a cancellation of Your Trip within [24] hours of Your Scheduled Departure Date and time if Your Trip destination is under a hurricane warning issued by the NOAA National Hurricane Center, provided the cancellation of Your Trip occurs more than [14] days following Your Effective Date of coverage for the Trip Cancellation Benefits;]
- [v. the primary or secondary school that You, Your Family Member [traveling with You] or Traveling Companion attends continues classes beyond the predefined school year, due to unforeseeable events which: 1) occur after Your Effective Date for Trip Cancellation; and 2) cause the classes to extend beyond the Scheduled Departure Date of Your Trip. Extensions due to extra-curricular or athletic events are not covered;]
- [w. a cancellation of Your Trip if Your arrival on the Trip is delayed and causes You to lose 50% or more of the scheduled Trip duration due to the reasons covered under the Missed Connection Benefit.]]

**[[Additional Trip Interruption Benefits:]**

[We will provide reimbursement for unused, non-refundable hotel cancellation expenses prepaid to the hotel and return air expenses incurred by You, [up to [150%] of the amount insured] [up to [\$2,500]], if Your sporting competition is rescheduled or cancelled due to weather.]

[If Your Traveling Companion must remain hospitalized, benefits will also be paid for reasonable accommodation [, telephone call] and local transportation expenses incurred by You to remain with Your Traveling Companion up to [[200] per day, limited to [10] days] [a maximum of [\$1,000].]

[If You cannot continue travel due to a covered Injury or Sickness not requiring hospitalization and You must extend Your Trip due to medically imposed restrictions, as certified by a Legally Qualified Physician, benefits will be paid for additional hotel nights up to [[200] per day, limited to [10] days] [a maximum of [\$1,000].]

[If You interrupt Your Trip for a covered reason, We will also reimburse You, up to [\$1,000], for the amount of unused, forfeited, non-refundable payments for shore excursions; theater, concert or event tickets or fees; or sightseeing if such arrangements are made during Your Trip and are to be used prior to the Scheduled Return Date of Your Trip.]

**[[Single Supplement]**

[Benefits will be paid, up to the Maximum Benefit Amount, for the additional cost incurred as a result of a change in the per person occupancy rate for prepaid Travel Arrangements if a Traveling Companion's or Family Member's Trip is interrupted for a covered reason and You do not interrupt Your Trip.]

[These benefits will not duplicate any other benefits payable under the [Certificate] [Plan] or any coverage(s) attached to the [Certificate] [Plan].]]

**[[COVERAGE H]  
[BAGGAGE AND PERSONAL EFFECTS]**

[Benefits will be provided to You, up to the Maximum Benefit Amount shown in the [Confirmation of Benefits] [Schedule of Benefits]: (a) against all risks of permanent loss, theft or damage to Your Baggage and Personal Effects; (b) subject to all General Limitations and Exclusions and the Additional Limitations and Exclusions Specific to Baggage and Personal Effects in the [Certificate] [Plan]; and (c) occurring while coverage is in effect.

**[Valuation and Payment of Loss:]** The lesser of the following amounts will be paid:

- 1) the Actual Cash Value at the time of loss, theft or damage, except as provided below;
- 2) the cost to repair or replace the article with material of a like kind and quality; or
- 3) [\$300] per article.

[For claimed items without original receipts, payment of loss will be calculated based upon [75%] of the Actual Cash Value at the time of loss, not to exceed [\$300] per article.]

[We may take all or part of a damaged Baggage as a condition for payment of loss. In the event of a loss to a pair or set of items, We will:

- 1) repair or replace any part to restore the pair or set to its value before the loss; or
- 2) pay the difference between the value of the property before and after the loss.]

[A combined maximum of [\$600] will be paid for jewelry; precious or semi-precious stones; watches; articles consisting in whole or in part of silver, gold or platinum; furs or articles trimmed with fur; cameras and their accessories and related equipment [, computer, digital or electronic equipment or media].]

[A maximum of [\$50] will be paid for the cost of replacing a passport or visa.]

[A maximum of [\$50] will be paid for the cost associated with the unauthorized use or replacement of lost or stolen credit cards, subject to verification that You have complied with all conditions of the credit card company.]

**[Baggage and Personal Effects does not include:**

- 1) animals;
- 2) automobiles and automobile equipment;
- 3) boats or other vehicles or conveyances;
- 4) trailers;
- 5) motors;
- 6) aircraft;
- 7) [bicycles, except when checked as baggage with a Common Carrier;]
- 8) household effects and furnishings;
- 9) antiques and collectors items;
- 10) [eyeglasses] [sunglasses], contact lenses, artificial teeth, dentures, dental bridges, retainers, [or] [other orthodontic devices] [or] [hearing aids];
- 11) artificial limbs or other prosthetic devices;
- 12) [prescribed medications];
- 13) keys, money, stamps and credit cards (except as otherwise specifically covered herein);
- 14) securities, stamps, tickets and documents (except as coverage is otherwise specifically provided herein);
- 15) [[professional] [or] [occupational] equipment or property, whether or not electronic business equipment;] [or]

[16] [sporting equipment if the loss results from the use thereof:] [or]

[17] [telephones or PDA devices] [,] [computer hardware or software:]

**[Baggage Delay:** If, while on a Trip, Your checked baggage is delayed or misdirected by a Common Carrier for more than [24 hours] from Your time of arrival at a destination other than Your return destination, benefits will be paid, up to the Maximum Benefit Amount shown in the [Confirmation of Benefits] [Schedule of Benefits], for the actual expenditure for necessary personal effects. You must be a ticketed passenger on a Common Carrier. The Common Carrier must certify the delay or misdirection. Receipts for the purchases must accompany any claim.]

[We will also reimburse you up to [\$25] for expenses incurred during Your Trip to expedite the return of Your delayed Baggage. This coverage terminates upon Your arrival at the return destination of Your Trip.]]

**[Baggage Delay:** We will reimburse You [, less any amount paid or payable from any other valid and collectible insurance or indemnity], up to the amount shown in the [Confirmation of Benefits] [Schedule of Benefits], for the cost of reasonable additional clothing and personal articles purchased by You, if Your Baggage is delayed for [24] hours or more during Your Trip.]

[We will also reimburse You up to [\$25] for expenses incurred during Your Trip to expedite the return of Your delayed Baggage. This coverage terminates upon Your arrival at the return destination of Your Trip.]]

#### **[Additional Limitations and Exclusions Specific to Baggage and Personal Effects [:]**

Benefits are not payable for any loss caused by or resulting from:

- a) [breakage of brittle or fragile articles:]
- b) [wear and tear or gradual deterioration:]
- c) [confiscation or appropriation by order of any government or custom's rule:]
- d) [theft or pilferage while left in any unlocked [or unattended] vehicle:]

e) [property illegally acquired, kept, stored or transported:]

f) [Your negligent acts or omissions; or]

g) [property shipped as freight or shipped prior to the Scheduled Departure Date [:]

h) [electrical current, including electric arcing that damages or destroys electrical devices or appliances.]

#### **[Additional Provisions applicable to Baggage and Personal Effects [and Baggage Delay] [:]**

[Benefits will not be paid for any expenses which have been reimbursed or for any services which have been provided by the Common Carrier, hotel or Travel Supplier [: nor will benefits be paid for loss or damage to property specifically scheduled under any other insurance].]

#### **[Additional Claims Provisions Specific to Baggage**

Insured's Duties After Loss of or Damage to Property or Delay of Baggage: In case of loss, theft, damage or delay of baggage or personal effects, and Insured must:

- a) take all reasonable steps to protect, save or recover the property:
- b) promptly notify, in writing, either the police, hotel proprietors, ship lines, airlines, railroad, bus, airport or other station authorities, tour operators or group leaders, or any Common Carrier or bailee who has custody of Your property at the time of loss:
- c) produce records needed to verify the claim and its amount ,and permit copies to be made:
- d) provide to the Company, within [90 days] from the date of loss, a detailed proof of loss signed and sworn to: and
- e) be examined, if requested.]

[These benefits will not duplicate any other benefits payable under the [Certificate] [Plan] or any coverage(s) attached to the [Certificate] [Plan].]]

#### **[[COVERAGE J] [TRAVEL DELAY]**

Benefits will be paid [up to [\$150] per day] for: [1)] [the non-refundable, unused portion of the prepaid expenses for the

Trip [as long as the expenses are supported by proof of purchase and are not reimbursable by any other source]]; [and] [2)] reasonable accommodation, meal [, telephone call] and local transportation expenses incurred by You, up to the Maximum Benefit Amount shown in the [Confirmation of Benefits] [Schedule of Benefits], if You are delayed for [12] hours or more while en route to or from, or during Your Trip, due to:

- a) any delay of a Common Carrier (the delay must be certified by the Common Carrier);
- b) a traffic accident in which You or Your Traveling Companion are not directly involved (must be substantiated by a police report);
- c) lost or stolen passports, travel documents or money (must be substantiated by a police report);
- d) quarantine, hijacking, Strike, natural disaster, terrorism or riot;
- e) a documented weather condition preventing You from getting to the point of departure.

[If You are delayed by a Common Carrier while en route to the final return destination of Your Trip and have placed Your cat or dog in a kennel for the duration of the Trip and You unable to collect cat or dog on the day previously agreed with the kennel, benefits will be paid up to [\$50 per day], [on a one-time basis,] up to the Maximum Benefit Amount to cover the necessary additional kennel fees.

You must provide the following documentation when presenting a claim for these benefits:

- a) Written confirmation of the reasons for delay from the Common Carrier whose delay resulted in the loss, including but not limited to; scheduled departure and return times and actual departure and return times;
- b) Written confirmation from the kennel advising the original pick-up date and the actual pick-up date.]

[We will reimburse You up to [\$100] for airline club admission incurred at a sponsored airline club at the airport during which time you are experiencing a flight delay. Receipts for the expenses incurred must be submitted for reimbursement.]

[We will reimburse You up to [\$50] for expenses incurred directly related to internet usage fees incurred during the time You are experiencing a Common Carrier delay. Receipts for the expenses incurred must be submitted for reimbursement.]

[We will reimburse You for one movie rental up to [\$25], in the event Your delay results in an overnight stay (other than Your home residence) if You are delayed en route to or from the Trip. This does not include movie rentals that are rated "X" or above by the Classification and Rating Administration (CARA).]

[Benefits will not be paid for any expenses, which have been reimbursed, or for any services that have been provided by the Common Carrier.]

[These benefits will not duplicate any other benefits payable under the [Certificate] [Plan] or any coverage(s) attached to the [Certificate] [Plan].]

#### [[COVERAGE K]

##### [EMERGENCY MEDICAL EVACUATION], [MEDICAL REPATRIATION] [AND RETURN OF REMAINS]

When You suffer loss of life for any reason or incur a Sickness or Injury during the course of a Trip, the following benefits are payable, up to the Maximum Benefit Amount shown in the [Confirmation of Benefits] [Schedule of Benefits].

1. **[Emergency Medical Evacuation:** If the local attending Legally Qualified Physician and the [Program Medical Advisor] [authorized travel assistance company] determine that transportation to a Hospital or medical facility is Medically Necessary to treat an unforeseen Sickness or Injury which is acute or life threatening and adequate Medical Treatment is not available in the immediate area, the Transportation Expense incurred will be paid for the Usual and Customary Charges for transportation to the closest Hospital or medical facility capable of providing that treatment.

[If You are traveling alone and will be hospitalized for more than [7] consecutive days and Emergency Evacuation is not imminent, benefits will be paid to transport one person, chosen by You, by Economy Transportation, for a single visit to and from Your bedside.]

[If You are in the Hospital for more than [7] consecutive days and Your dependent children who are [under [18] years] of age and accompanying You on the Trip are left unattended, Economy Transportation will be paid to return the dependents to their home (with an attendant, if considered necessary [by the Program Medical Advisor] [by the authorized travel assistance company]).]

2. **[Non-Emergency Medical Evacuation:** If the local attending Legally Qualified Physician and the [Program Medical Advisor] [authorized travel assistance company] determine that it is Medically Necessary for You to return to Your primary place of residence because of an unforeseen Sickness or Injury which is acute or life-threatening, the Transportation Expense incurred will be paid for Your return to Your primary place of residence or to a Hospital or medical facility closest to Your primary place of place of residence capable of providing continued treatment via one of the following methods of transportation, as approved, in writing, by the [Program Medical Advisor] [authorized travel assistance company]:
  - i) one-way Economy Transportation;
  - ii) commercial air upgrade (to Business or First Class), based on Your condition as recommended by the local attending Legally Qualified Physician and verified in writing [and considered necessary by the [Program Medical Advisor] [authorized travel assistance company]]; or
  - iii) other covered land or air transportation including, but not limited to, commercial stretcher, medical escort, or the Usual and Customary Charges for air ambulance, provided such transportation has been pre-approved and arranged by the [Program Medical Advisor] [authorized travel assistance company]. Transportation must be via the most direct and economical route.]

#### [HOSPITAL OF CHOICE]

Subject to the terms and conditions of item # 2, You may choose to be transported to a Hospital in a city within the United States of America other than Your primary place of residence, but the maximum amount payable is limited to the cost of transportation to Your primary place of residence.]

2. **[Return of Remains:** In the event of Your death during a Trip, the expense incurred will be paid for minimally necessary casket or air tray, preparation and transportation of Your remains to Your primary place of residence in the United States of America [or to the place of burial].

[Benefits are paid less the value of Your original unused return travel ticket.]

[If benefits are payable and You have other insurance that may provide benefits for this same loss, We reserve the right to recover from such other insurance. You shall:

- a) notify the Company of any other insurance;
- b) help the Company exercise the Company's rights in any reasonable way that the Company may request, including the filing and assignment of other insurance benefits;
- c) not do anything after the loss to prejudice the Company's rights; and
- d) reimburse to the Company, to the extent of any payment the Company has made, for benefits received from such other insurance.]

[These benefits will not duplicate any other benefits payable under the [Certificate] [Plan] or any coverage(s) attached to the [Certificate] [Plan].]

#### [[COVERAGE L] [ITINERARY CHANGE]

In the event Your Travel Supplier makes a change in Your Trip itinerary after Your Scheduled Departure Date, which prevents You from participating in an event/activity pre-paid prior to departure and scheduled on Your Trip itinerary, non-refundable pre-paid event/activity expenses will be payable up to the Maximum Benefit Amount shown in the [Confirmation of Benefits] [Schedule of Benefits].

Benefits will not be paid if a comparable event/activity of equivalent cost is rescheduled during the course of the Trip.]

[These benefits will not duplicate any other benefits payable under the [Certificate] [Plan] or any coverage(s) attached to the [Certificate] [Plan].]

**[[COVERAGE M]  
[MISSED CONNECTION]**

If You miss Your cruise or tour departure because Your arrival at Your Trip destination is delayed for [3] or more hours, benefits will be paid, on a one-time basis, up to the Maximum Benefit Amount shown in the [Confirmation of Benefits] [Schedule of Benefits], for:

- (a) Your Additional Transportation Cost to join the Trip [.] [.] [and]
- (b) Your prepaid expenses for the unused land or water Travel Arrangements[.][.] [and]]
- (c) reasonable accommodation [, telephone] and meal expenses [up to [\$150] per day] necessarily incurred by You for which You have proof of purchase and which were not paid for or provided by any other source.]

Your delayed arrival must be due to:

- (a) any delay of a Common Carrier [(the delay must be certified by the Common Carrier)];
- (b) documented weather condition preventing You from getting to the point of departure;
- (c) quarantine, hijacking, Strike, natural disaster, terrorism or riot].]

[These benefits will not duplicate any other benefits payable under the [Certificate] [Plan] or any coverage(s) attached to the [Certificate] [Plan].]

**[[COVERAGE N]  
[LOST SKIER DAYS]**

[If You are unable to ski during their Trip due to 50% or more of the mountain trails closing during Your Trip, benefits will be paid, on a one-time basis, up to the Maximum Benefit Amount shown in the [Confirmation of Benefits] [Schedule of Benefits], for: [the value of the ski lift ticket.] [a pro-rated loss up to 50% of the value of Your ski lift ticket] for the date/time of the closure only will be paid.

["Trails" means named skier paths with grade of difficulty intended to provide skiing down the mountain. Trails does not include connecting paths between trails.]

- [1. Benefits begin on the date You arrive at the mountain or the date You have a valid ski lift ticket;]
- [2. A minimum of 10 trails must be open on the date of Your arrival at the mountain in order to be eligible for this Benefit;]
- [3. This Benefit does not apply to Season Passes;]
- [4. This Benefit is eligible for skiing that takes place between January 1 and January 31 only;]
- [5. Maximum ski lift ticket purchase is a [5] day skier ticket;]
- [6. If Your ski lift ticket applies to multiple ski mountains and one of the mountains is open for skiing per the Benefits and Conditions noted above, this Benefit is not provided;]
- [7. If You are unable to ski on any particular day of Your Trip, for any of the reasons stated above, You must file/report the loss on the same day;]
- [8. Maximum Benefit is equal to the lesser of [2 days] or [\$250.00].]

[Benefits are not payable for lift tickets under the Loss of Skier Day Benefit if they are for:

- [Heli-Skiing]
- [Cross Country Skiing]
- [Back Country Skiing.]

[These benefits will not duplicate any other benefits payable under the [Certificate] [Plan] or any coverage(s) attached to the [Certificate] [Plan].]

**[[COVERAGE O]  
[CANCEL FOR ANY REASON BENEFIT]**

If You cancel Your Trip for any reason not otherwise covered by this plan, benefits will be paid for [75%] [the percentage] of the prepaid, forfeited, non-refundable Payments or Deposits You paid for the Trip [as shown in the Cancellation Penalty Schedule shown below.] provided:

- a) Your payment for this plan [and enrollment form] [is] [are] received [within [15] days of the date Your initial deposit/payment for the Trip is received:] [at or before the

final payment due date for the Trip:] [with or before the final payment for the Trip:] [no later than [60] days prior to the Scheduled Departure Date of the Trip; or if the Trip is initially booked within [60] days of the Scheduled Departure Date of the Trip, Your payment for this plan is received [with] [within [2] days of] the initial deposit/payment for the Trip:] [within [7] days] of [February 1st of each year] the date of the acceptance letter from [Name];] and

- (b) You insure [all] [100%] of the prepaid Trip costs that are subject to cancellation penalties or restrictions [and also insure within [15] days of the payment for those arrangements the cost of any subsequent arrangements (or any other arrangements not made through Your travel agent) added to the Trip]; and]
- c) You cancel Your Trip [[two (2) days or more] [48 hours or more] before Your Scheduled Departure [Date].]

**[Cancellation Penalty Schedule]**

<b>If Cancellation Penalty Amount is:</b>	<b>Percentage of Penalty Payable is:</b>
Up to [25%] of Trip Cost	[100%] of Penalty Amount
[26% to 50%] of Trip Cost	[85%] of Penalty Amount
Over [50%] of Trip Cost	[75%] of Penalty Amount]

[This benefit is only available for Trips with a per person cost of [\$25,000] or less.]

[This Cancel For Any Reason Benefit does not cover: 1) penalties associated with any [air] [or] [other] travel arrangements not provided by [Travel Supplier name]; or 2) the failure of [Travel Supplier name] to provide the bargained-for Travel Arrangements due to cessation of operations for any reason.]

[These benefits will not duplicate any other benefits payable under the [Certificate] [Plan] or any coverage(s) attached to the [Certificate] [Plan].]

**[[COVERAGE P]  
[RENTAL CAR DAMAGE]**

You are eligible for benefits up to the Maximum Benefit Amount shown in the [Confirmation of Benefits] [Schedule of Benefits], if You rent a car while on Your Trip, and the car is



damaged due to collision, theft, vandalism, windstorm, fire, hail, flood or any cause not in Your control while in Your possession, or the car is stolen while in Your possession and is not recovered.

**We will pay the lesser of:**

- a. the cost of repairs and rental charges imposed by the rental company while the car is being repaired;
- b. the Actual Cash Value of the car; or
- c. the amount shown in the [Confirmation of Benefits] [Schedule of Benefits].

Coverage is provided to You, provided You are a licensed driver and are listed on the rental agreement.

**Coverage is not provided for loss due to:**

1. any obligation of You, a Traveling Companion or Family Member traveling with You assumed under any agreement (except insurance collision deductible);
2. rentals of trucks, campers, trailers, motor bikes, motorcycles, recreational vehicles or Exotic Vehicles;
3. any loss which occurs if You or anyone traveling with You are in violation of the rental agreement;
4. failure to report the loss to the proper local authorities and the rental car company;
5. damage to any other vehicle, structure or person as a result of a covered loss;
6. any loss as the result of or attributed to driving the rental vehicle: while under the influence of alcohol or any illegal substance or the abuse of a legal substance; while using any medication which recommends abstinence from driving; in a speed competition; for compensation for hire; for illegal trade purposes, or transporting contraband;
7. any loss as the result of physical damage or loss attributed to: mechanical failure or breakdown of the rental vehicle; wear and tear, gradual deterioration, corrosion, rust or freezing; any neglect or abuse of the vehicle; any dishonest act or conversion; any consequence of war (declared or otherwise); or contamination by a radioactive material.

**“Exotic Vehicles”** includes [Alfa Romeo,] [Aston Martin,] [Auburn,] [Avanti,] [Bentley,] [Bertone,] [BMC/Leyland,] [BMW M Series,] [Bradley,] [Bricklin,] [Clenet,] [Corvette,] [Cosworth,] [De Lorean,] [Excalibre,] [Ferrari,] [Iso,] [Jaguar,] [Jensen Healy,] [Lamborghini,] [Lancia,] [Lotus,] [Maserati,] [Mercedes Benz,] [MG,] [Morgan,] [Pantera,] [Panther,] [Pininfarina,] [Porsche,] [Rolls Royce,] [Rover,] [Stutz,] [Sterling,] [Triumph,] [and] [TVR,] or any [antique] [or] any [other] car with a Manufacturers Suggested Retail Price (MSRP) over [\$40,000].

**ADDITIONAL CLAIMS PROVISIONS SPECIFIC TO RENTAL CAR DAMAGE**

The following outlines the Your duties in the event of any damage to the vehicle. You must:

- a) Take all necessary and reasonable steps to protect the vehicle and prevent further damage to it;
- b) Report the loss to the appropriate local authorities and the rental company as soon as possible;
- c) Obtain all information on any other party involved in the Accident, such as name, address, insurance information and driver's license number;
- d) Provide Us all documentation such as rental agreement, police report and damage estimate.

[These benefits will not duplicate any other benefits payable under the [Certificate] [Plan] or any coverage(s) attached to the [Certificate] [Plan].]

**[[COVERAGE Q]  
[NON-MEDICAL EMERGENCY EVACUATION]**

You are eligible for benefits, up to the Maximum Benefit Amount shown in the [Confirmation of Benefits] [Schedule of Benefits], for all reasonable expenses incurred for Your transportation to the nearest place of safety, or to Your primary place of residence, if You must leave Your Trip for a Covered Reason, as defined below.

Evacuation must occur within [10] days of any covered event. Arrangements will be by the most appropriate and economical means available and consistent with Your health and safety. Benefits are only payable for arrangements made by [Name].

**Covered Reasons:** We will pay for the Non-Medical Emergency Evacuation Benefits listed above if, while on Your Trip, a formal recommendation from the appropriate local authorities, or the U.S. State Department, is issued for You to leave a country You are visiting on Your Trip due to:

- 1) a natural disaster;
- 2) civil, military or political unrest; or
- 3) Your being expelled or declared a persona non-grata by a country You are visiting on Your Trip.

**Non-Medical Evacuation Exclusions:** We do not cover:

- 1) loss or expense recoverable under any other insurance or through an employer;
- 2) loss or expense arising from or attributable to:
  - (a) fraudulent or criminal acts committed or attempted by You;
  - (b) alleged violation of the laws of the country You are visiting, unless We determine such allegations to be fraudulent, or
  - (c) failure to maintain required documents or visas;
- 3) loss or expense arising from or attributable to:
  - (a) debt, insolvency, business or commercial failure;
  - (b) the repossession of any property; or
  - (c) Your non-compliance with a contract, license or permit;
- 4) loss or expense arising from or due to liability assumed by You under any contract.

[These benefits will not duplicate any other benefits payable under the [Certificate] [Plan] or any coverage(s) attached to the [Certificate] [Plan].]

**[[COVERAGE R]  
[SPORTS EQUIPMENT RENTAL]**

If, while on a Trip, Your checked sports equipment is lost, stolen, damaged or delayed by [a Common] [an Air] Carrier for [12] hours or more, benefits will be paid, up to the Maximum Benefit Amount shown in the [Confirmation of Benefits] [Schedule of Benefits], for the reasonable cost of renting sports equipment during Your Trip.]

[These benefits will not duplicate any other benefits payable under the [Certificate] [Plan] or any coverage(s) attached to the [Certificate] [Plan].]

## **[[COVERAGE S]**

### **[SEARCH AND RESCUE]**

Search and Rescue applies to the following persons only: You[, a Family Member traveling with You] [and/or] [Your Traveling Companion], referred to below as Person.

If the Person(s), should become lost, disoriented, or be reported missing while on a Trip during a recreational activity that could be anticipated for that Person's abilities and expertise, We will pay on the Person's behalf up to the Maximum Benefit Amount shown in the [Confirmation of Benefits] [Schedule of Benefits], not to exceed four days, costs for one (1) organized Search and Rescue by appropriate authorities.

Search and Rescue means those reasonable costs incurred, but not necessarily limited to: fuel, operating costs, repair and rental of motor vehicles, aircraft or helicopters, hovercraft, snowmobiles, horses, dogs, generators, and any other equipment necessary or deemed appropriate for activities to find, recover, or rescue individuals while performed by individuals who have been appointed or requested by a governmental authority within [50] miles of the person's last known location before the loss occurrence. This benefit can only be activated when someone makes a formal report of the Person's need for Search and Rescue to an agency or authority who can activate a Search and Rescue, and the Person provides the agency or authority with enough specific and credible details of how, when, where the Person might be located so that an official and organized Search and Rescue can be activated.

[Specific Waiver of Liability for Search and Rescue: If the Person requests this benefit, the Person understands that We and any affiliated party offering this [Certificate] [Plan], do not accept any liability from the rescue situation, and the Person and all minors, dependents, relatives, and interested or disinterested parties agree to forever waive, any and all liability to Us or any rescue team, company,

entity, and/or volunteer, for injuries, stress, death, disablement, sickness, or any claims, reason, or cause whatsoever from any Search and Rescue used to attempt to reach the Person, assist the Person, or respond in any way to the Person's Search and Rescue, regardless of whether the Search and Rescue was ever initiated, cancelled, delayed, misdirected, or unable to locate, rescue, or stabilize the Person. If any part of this is held invalid, it does not invalidate the other parts or any other parties' waivers.]

Claims Procedures: The Person must obtain itemized receipts of services and costs from the authorities who seek payment, as well as documentation from the resort at the Trip destination.

Benefits are not payable under Search and Rescue for any loss resulting from:

1. Heli-skiing;
2. Extreme skiing;
3. Payment in any way for fines, damages, penalties, or litigation that may be imposed against the person, as a result of their activities or actions;
4. Deliberately choosing to be absent. ]

## **SECTION II. DEFINITIONS**

**["Actual Cash Value"** means current replacement cost for items of like kind and quality less depreciation.]

**["Additional Transportation Cost"** means the actual cost incurred for one-way Economy Transportation by Common Carrier reduced by the value of an unused travel ticket.]

**["Air Carrier"** means any air conveyance operating under a valid license for the transportation of passengers for hire.]

**["Baggage and Personal Effects"** means luggage, personal possessions and travel documents taken by You on the Trip.]

**["Bankruptcy or Default"** means the total cessation of operations due to insolvency, with or without the filing of a bankruptcy petition by [a] [an] [airline,] [or] [cruise line,] [tour operator] [or other travel provider] provided the Bankruptcy or Default occurs more than [14] days following Your Effective Date for the Trip Cancellation Benefits. There is no coverage for the Bankruptcy or Default of any

person, organization, agency or firm from whom You purchased Travel Arrangements supplied by others.]

**["Business Partner"** means an individual who (a) is involved in a legal general partnership with You and (b) is actively involved in the day to day management of Your business.]

**["Caregiver"** means an individual employed for the purpose of providing assistance with activities of daily living to You or to Your Family Member who has a physical or mental impairment. The Caregiver must be employed by You or Your Family Member. A Caregiver is not a babysitter; childcare service, facility or provider; or persons employed by any service, provider or facility to supply assisted living or skilled nursing personnel.]

**["Child Caregiver"** means an individual providing basic childcare service needs for Your minor children under the age of [18] while You are on the Trip without the minor children. The arrangement of being the Child Caregiver while You are on the Trip must be made [30] or more days prior to the Scheduled Departure Date.]

**["Common Carrier"** means any [land,] [sea,] [or] [air] conveyance operating under a valid license for the transportation of passengers for hire [, not including taxicabs or rented, leased or privately owned motor vehicles.]

**["Economy Transportation"** means the lowest published available transportation rate for a ticket on a Common Carrier matching the original class of transportation that You purchased for the Trip.]

**["Elective Treatment and Procedures"** means any medical treatment or surgical procedure that is not medically necessary, including any service, treatment, or supplies that are deemed by the federal, or a state or local government authority, or by Us to be research or experimental or that is not recognized as a generally accepted medical practice.]

**["Family Member"** means any of the following [who resides in the United States, Canada, or Mexico]: Your or Your Traveling Companion's legal spouse (or common-law spouse where legal), legal guardian or ward, son or daughter (adopted, foster, step or in-law), brother or sister (includes step or in-law), parent (includes step or in-law), grandparent (includes in-law), grandchild, aunt, uncle, niece or nephew, [Domestic Partner,] [Caregiver,] [or] [Child Caregiver].]

**["Hospital"** means (a) a place which is licensed or recognized as a general hospital by the proper authority of the state in which

it is located: (b) a place operated for the care and treatment of resident inpatients with a registered graduate nurse (RN) always on duty and with a laboratory and X-ray facility; (c) a place recognized as a general hospital by the Joint Commission on the Accreditation of Hospitals. Not included is a hospital or institution licensed or used principally: (1) for the treatment or care of drug addicts or alcoholics; or (2) as a clinic continued or extended care facility, skilled nursing facility, convalescent home, rest home, nursing home or home for the aged.]

**["Inclement Weather"** means any weather condition that delays the scheduled arrival or departure of [a Common] [an Air] Carrier.]

**["Injury" or "Injuries"** means bodily harm caused by an accident which: 1) occurs while Your coverage is in effect under the [Certificate] [Plan]; and 2) requires examination and treatment by a Legally Qualified Physician. The Injury must be the direct cause of loss and must be independent of all other causes and must not be caused by, or result from, Sickness.]

**["Insured] [Plan Participant]"** means a person(s) who is [booked to travel] on a Trip, [completes the enrollment form] and for whom the required [premium] [plan payment] is paid, also referred to as You and Your.

**["Intoxicated"** mean a blood alcohol level that equals or exceeds the legal limit for operating a motor vehicle in the state or jurisdiction where You are located at the time of an incident.]

**["Legally Qualified Physician"** means a physician [or a Christian Science Practitioner]: (a) other than You, a Traveling Companion or a Family Member; (b) practicing within the scope of his or her license; and (c) recognized as a physician in the place where the services are rendered.]

**["Maximum Benefit Amount"** means the maximum amount payable for coverage provided to You as shown in the [Confirmation of Benefits] [Schedule of Benefits].

**["Medically Necessary"** means a service which is appropriate and consistent with the treatment of the condition in accordance with accepted standards of community practice.]

**["Medical Treatment"** means examination and treatment by a Legally Qualified Physician.]

**["Payments or Deposits"** means the cash, check, [or] credit card amounts[,] [or the cash value of Timeshare

Points] actually paid [or used] for Your Trip. [Certificates:] [vouchers:] [frequent traveler rewards, miles or points:] [discounts and/or credits] applied (in part or in full) towards the cost of Your Travel Arrangements are not Payments or Deposits as defined herein.])

**["Pre-Existing Condition"** means an illness, disease, or other condition during the [60] day period immediately prior to the date Your coverage is effective for which You or Your Traveling Companion, Business Partner or Family Member scheduled or booked to travel with You: 1) received or received a recommendation for a test, examination, or medical treatment; or 2) took or received a prescription for drugs or medicine. Item (2) of this definition does not apply to a condition which is treated or controlled solely through the taking of prescription drugs or medicine and remains treated or controlled without any adjustment or change in the required prescription throughout the [60] day period before coverage is effective under this [Certificate] [Plan].]

**["Program Medical Advisor"** means [Name].]

**["Published Penalties"** means any [additional] published cancellation penalties levied by Your travel agency [or travel supplier] that apply to all clients of the travel agency [or travel supplier] and can be documented at time of Your purchase of Travel Arrangements from Your travel agency. The maximum amount reimbursable for travel agency published penalties is [10%] of the total trip cost excluding taxes and other non-commissionable items.]

**["Scheduled Departure Date"** means the date on which You are originally scheduled to leave on the Trip.]

**["Scheduled Return Date"** means the date on which You are originally scheduled to return to the point of origin or the original final destination of the Trip.]

**["Sickness"** means an illness or disease of the body which: 1) requires examination and treatment by a Legally Qualified Physician, and 2) commences while Your coverage is in effect. An illness or disease of the body which first manifests itself and then worsens or becomes acute prior to the Effective Date of Your coverage is not a Sickness as defined herein and is not covered by the [Certificate] [Plan].]

**["Strike"** means any stoppage of work: (a) as a result of a combined effort of workers which was unannounced and unpublished at the time travel services were purchased:

and (b) which interferes with the normal departure and arrival of [a Common] [an Air] Carrier.]

**["Third Party"** means a person or entity other than You or the Company.]

**["Transportation Expense"** means the cost of Medically Necessary conveyance, personnel, [and] services [or supplies].]

**["Timeshare] Travel Arrangements"** means: (a) transportation; (b) accommodations; and (c) other specified services arranged by the [Travel Supplier] [Exchange Company] for the Trip. [Air arrangements covered by this definition also include any direct round trip air flights booked by others, to and from the Scheduled Trip Departure and return cities, provided the dates of travel for the air flights are within [7] total days of the scheduled Trip dates.]]

**["Traveling Companion"** means [a person or persons] [up to [8] persons] whose names appear with Yours on the same Travel Arrangements and who, during the Trip, [will accompany You] [will share accommodations with You in the same room, cabin, condominium unit, apartment unit or other lodging]. [A group or tour organizer, sponsor or leader is not a Traveling Companion as defined, unless sharing accommodations in the same room, cabin, condominium unit, apartment unit or other lodging with You.]]

**["Travel Supplier"** means [any entity or organization that coordinates or supplies travel services for You] [Travel Supplier name].]

**["Trip"** means [a scheduled trip [or Timeshare Exchange] for which coverage is elected and the premium paid, and all Travel Arrangements are arranged prior to the Scheduled Departure Date of the Trip] [a scheduled trip of [30] days or less] [and] [a trip of [200] miles or more from Your primary residence for which [coverage is elected and] the premium paid].]

**["Usual and Customary Charges"** means those comparable charges for similar treatment, services and supplies in the geographic area where treatment is performed.]

### SECTION III. INSURING PROVISIONS

#### Who Is Eligible For Coverage:

A citizen or resident of [the United States of America] who is booked to travel on a Trip, [completes the enrollment form] and for whom the required [premium] [plan payment] is paid. [Eligibility for purchase will be determined at time of claim.] [If it is determined that a person or Trip is not eligible for coverage, any claim for benefits will be denied and [premium] [plan payment] will be refunded.]

#### **When Coverage Begins:**

**[Trip Cancellation:** Coverage begins [[on the date and time] [at 12:01 a.m. on the day after the date] the appropriate [premium] [payment] for this [Certificate] [Plan] [for Your Trip] is received [by Name]] [[60] [days] [48] [hours] prior to the scheduled departure time on the Scheduled Departure Date of Your [Trip] [cruise] [tour]] [the earlier of: 1) at 12:01 a.m. on the day following the date the appropriate [premium] [payment] for this [Certificate] [Plan] for Your Trip is received [by Name]; or 2) if mailed, at 12:01 a.m. on the day after the postmark date the appropriate [premium] [payment] for this [Certificate] [Plan] for Your Trip is received [by Name]]. This is Your "Effective Date" and time for Trip Cancellation.]

**[Travel Delay:** Coverage begins after You have traveled [50] miles or more from home en route to join Your Trip. This is Your "Effective Date" and time for Travel Delay.]

**[All Other Coverages:** Coverage begins when You depart on the first Travel Arrangement (or alternate travel arrangement if You must use an alternate travel arrangement to reach Your Trip destination) for Your Trip. This is Your "Effective Date" and time for all other coverages, except Trip Cancellation and Travel Delay.]

#### **When Coverage Ends:**

**[Trip Cancellation:** Your coverage automatically ends on the earlier of: (1) [[60] days] [48] hours] prior to] the scheduled departure time on the Scheduled Departure Date of Your [Trip] [cruise] [tour]] [the date and time You depart on Your [Trip] [cruise] [tour]]:] [or] (2) [on or before the final payment due date for Your Trip:] [or] (3) the date and time You cancel Your Trip.]]

**[[All Other Coverages:]** Your coverage automatically ends on the earlier of: 1) the date the Trip is completed; 2) the Scheduled Return Date; 3) Your arrival at the return destination on a round-trip, or the destination on a one-way trip; 4) cancellation of the Trip covered by the [Certificate] [Plan]. Termination of the [Certificate] [Plan] will not affect a

claim for loss that occurs after [premium] [plan payment] has been paid.

All coverages under the [Certificate] [Plan] will be extended if Your entire Trip is covered by the [Certificate] [Plan] and Your return is delayed due to unavoidable circumstances beyond Your control. If coverage is extended for the above reasons, coverage will end on the earlier of the date You reach Your originally scheduled return destination or [seven (7)] days after the Scheduled Return Date.]

#### **SECTION IV. GENERAL EXCLUSIONS**

**Benefits are not payable for any loss due to, arising or resulting from:**

- [1. suicide, attempted suicide or any intentionally self-inflicted injury of You, a Traveling Companion, Family Member or Business Partner booked to travel with You, while sane or insane;]
- [2. an act of declared or undeclared war;]
- [3. participating in maneuvers or training exercises of an armed service;]
- [4. riding or driving in races, or speed or endurance competitions or events;]
- [5. mountaineering (engaging in the sport of scaling mountains generally requiring the use of picks, ropes, or other special equipment);]
- [6. [participating as a member of a team in an organized sporting competition or] participating as a professional in a stunt, athletic or sporting event or competition;]
- [7. participating in [bodily contact sports,] [skydiving or parachuting [except parasailing,] [hang gliding,] [bungee cord jumping,] [extreme skiing, skiing outside marked trails or heli-skiing] [mountaineering,] [any race,] [speed contests [not including any of the regatta races,] [spelunking or caving,] or [scuba diving if the depth exceeds [130] feet or if You are not certified to dive and a dive master is not present during the dive];]
- [8. piloting or learning to pilot or acting as a member of the crew of any aircraft;]
- [9. being Intoxicated as defined herein, or under the influence of any controlled substance unless as

administered or prescribed by a Legally Qualified Physician;]

- [10. the commission of or attempt to commit a felony or being engaged in an illegal occupation;]
- [11. normal childbirth or pregnancy (except complications of pregnancy) or voluntarily induced abortion;]
- [12. dental treatment (except as coverage is otherwise specifically provided herein);]
- [13. amounts which exceed the Maximum Benefit Amount for each coverage as shown in the [Confirmation of Benefits] [Schedule of Benefits];]
- [14. due to a Pre-Existing Condition, as defined in the [Certificate] [Plan]. The Pre-Existing Condition Limitation does not apply to the Emergency Medical Evacuation or Return of Remains coverage;]
- [15. any amount paid or payable under any Worker's Compensation, Disability Benefit or similar law;]
- [16. a loss or damage caused by detention, confiscation or destruction by customs;]
- [17. Elective Treatment and Procedures;]
- [18. medical treatment during or arising from a Trip undertaken for the purpose or intent of securing medical treatment;]
- [19. failure of any tour operator, Common Carrier, or other travel supplier, person or agency to provide the bargained-for travel arrangements for reasons other than Bankruptcy or Default;]
- [20. business, contractual or educational obligations of You, a Family Member, Business Partner, or Traveling Companion;]
- [21. a mental or nervous condition, unless hospitalized for that condition while the [Certificate] [Plan] is in effect for You;]
- [22. a loss that results from an illness, disease or other condition, event or circumstance which occurs at a time when the [Certificate] [Plan] is not in effect for You;]
- [23. Bankruptcy or Default or failure to supply services by a supplier of travel services.]

### **[[Waiver of the Pre-Existing Condition Exclusion]**

The exclusion for Pre-Existing Condition will be waived provided:

- a) Your payment for this plan [and enrollment form] [is] [are] received [within [15] days of the date Your initial deposit/payment for the Trip is received:] [at or before the final payment due date for the Trip:] [with or before the final payment for the Trip:] [no later than [60] days prior to the Scheduled Departure Date of the Trip; or if the Trip is initially booked within [60] days of the Scheduled Departure Date of the Trip, Your payment for this plan is received [with] [within [2] days of] the initial deposit/payment for the Trip:] [within [7] days] of [February 1st of each year] [the date of the acceptance letter from [Travel Supplier Name]:] and
- b) You insure all prepaid Trip costs that are subject to cancellation penalties or restrictions [and also insure within [15] days of the payment for those arrangements the cost of any subsequent arrangements (or any other arrangements not made through Your travel agent) added to the Trip]; and]
- c) You are not disabled from travel at the time [Your premium is paid] [You make Your payment for this plan].]

### **SECTION V. GENERAL PROVISIONS**

**Notice of Claim:** Notice of claim must be reported within 20 days after a loss occurs or as soon as is reasonably possible. You or someone on Your behalf may give the notice. The notice should be given to Us or Our designated representative and should include sufficient information to identify You.

**Claim Forms:** When notice of claim is received by Us or Our designated representative, forms for filing proof of loss will be furnished. If these forms are not sent within 15 days, the proof of loss requirements can be met by You sending Us a written statement of what happened. This statement must be received within the time given for filing proof of loss.

**Proof of Loss:** Proof of loss must be provided within 90 days after the date of the loss or as soon as is reasonably possible. Proof must, however, be furnished no later than

12 months from the time it is otherwise required, except in the absence of legal capacity.

**Time of Payment of Claims:** We, or Our designated representative, will pay the claim after receipt of acceptable proof of loss.

**Payment of Claims:** Benefits for loss of life will be paid to Your designated beneficiary. If a beneficiary is not otherwise designated by You, benefits for loss of life will be paid to the first of the following surviving preference beneficiaries:

- a) [Your spouse:]
- b) [Your child or children jointly:]
- c) [Your parents jointly if both are living or the surviving parent if only one survives:]
- d) [Your brothers and sisters jointly; or]
- e) Your estate.

All other Benefits will be paid directly to You, unless otherwise directed. Any accrued benefits unpaid at Your death will be paid to Your estate. If You have assigned Your benefits, we will honor the assignment if a signed copy has been filed with us. We are not responsible for the validity of any assignment.

All or a portion of all benefits provided by the [Certificate] [Plan] may, at Our option, be paid directly to the provider of the service(s) to You. All benefits not paid to the provider will be paid to You.

[If any benefit is payable to: (a) an Insured who is a minor or otherwise not able to give a valid release; or (b) the Insured's estate, We may pay [up to \$1,000.00] [any amount due under the [Certificate] [Plan]] to the Insured's beneficiary or any relative whom We find entitled to the payment. Any payment made in good faith shall fully discharge Us to any party to the extent of such payment.]

**[Excess Insurance:** The insurance provided by this [Certificate] [Plan] shall be in excess of all other valid and collectible Insurance or indemnity. If at the time of the occurrence of any loss there is other valid and collectible insurance or indemnity in place, the Company shall be liable only for the excess of the amount of loss, over the amount of such other insurance or indemnity, and applicable deductible. Recovery of losses from other parties does not result in a refund of premium paid.]

**[Physician Examination and Autopsy:** The Company, at the expense of the Company, may have You examined when and as often as is reasonable while the claim is pending. The Company may have an autopsy done (at the expense of the Company) where it is not forbidden by law.]

**Legal Actions:** No legal action for a claim can be brought against Us until [60] days after We receive proof of loss. No legal action for a claim can be brought against Us more than [3] years after the time required for giving proof of loss. This [3-year] time period is extended from the date proof of loss is filed and the date the claim is denied in whole or in part.

**Concealment and Misrepresentation:** The entire coverage will be void, if before, during or after a loss, any material fact or circumstance relating to this insurance has been concealed or misrepresented.

**Other Insurance with the Company:** You may be covered under only one travel [Certificate] [Plan] with the Company for each Trip. If You are covered under more than one such [Certificate] [Plan], You may select the coverage that is to remain in effect. In the event of death, the selection will be made by the beneficiary or estate. Premiums paid (less claims paid) will be refunded for the duplicate coverage that does not remain in effect.

**[Subrogation:** If the Company has made a payment for a loss under this coverage, and the person to or for whom payment was made has a right to recover damages from the Third Party responsible for the loss, the Company will be subrogated to that right. You shall help the Company exercise the Company's rights in any reasonable way that the Company may request: nor do anything after the loss to prejudice the Company's rights: and in the event You recover damages from the Third Party responsible for the loss, You will hold the proceeds of the recover for the Company in trust and reimburse the Company to the extent of the Company's previous payment for the loss.]

**Reductions in the Amount of Insurance:** The applicable benefit amount will be reduced by the amount of benefits, if any, previously paid for any loss or damage under this coverage for this Trip.

### **[SECTION VI. COORDINATION OF BENEFITS**

#### **Applicability**

The Coordination of Benefits ("COB") provision applies to This Plan when an Insured has health care coverage under more than one Plan. "Plan" and "This Plan" are defined below.

If this COB provision applies, the order of benefit determination rules should be looked at first. Those rules determine whether the benefits of This Plan are determined before or after those of another Plan. The benefits of This Plan:

- (a) will not be reduced when, under the order of benefit determination rules, This Plan determines its benefits before another Plan; but
- (b) may be reduced when, under the order of benefit determination rules, another Plan determines its benefits first. This reduction is described further in the section entitled Effect on the Benefits of This Plan.

## Definitions

**"Plan"** is a form of coverage written on an expense incurred basis that provides benefits or services for, or because of, medical or dental care or treatment. "Plan" includes:

- (a) group insurance and group remittance subscriber contracts;
- (b) uninsured arrangements of group coverage;
- (c) group coverage through HMO's and other prepayment, group practice and individual practice Plans; and
- (d) blanket contracts, except blanket school accident coverages or a similar group when the [Certificate] [Plan] :

"Plan" does not include individual or family: (a) insurance contracts; (b) direct payment subscriber contracts; (c) coverage through HMO's; or (d) coverage under other prepayment, group practice and individual practice Plans.

**"This Plan"** is the parts of this blanket contract that provide benefits for health care expenses on an expense incurred basis.

**"Primary Plan"** is one whose benefits for a person's health care coverage must be determined without taking the

existence of any other Plan into consideration. A Plan is a Primary Plan if either:

- (a) the Plan either has no order of benefit determination rules, or it has rules which differ from those in the contract; or
- (b) all Plans that cover the person use the same order of benefits determination rules as in this contract, and under those rules the Plan determines its benefits first.

**"Secondary Plan"** is one that is not a Primary Plan. If a person is covered by more than one Secondary Plan, the order of benefit determination rules of this contract decide the order in which their benefits are determined in relation to each other. The benefits of each Secondary Plan may take into consideration the benefits of the Primary Plan or Plans and the benefits of any other Plan, which, under the rules of this contract, has its benefits, determined before those of that Secondary Plan.

**"Allowable Expense"** is the necessary, reasonable, and customary item of expense for health care; when the item of expense is covered at least in part under any of the Plans involved.

The difference between the cost of a private hospital room and a semi-private hospital room is not considered an Allowable Expense under the above definition unless the patient's stay in a private hospital room is medically necessary in terms of generally accepted medical practice.

When a Plan provides benefits in the form of services, the reasonable cash value of each service will be considered both an Allowable Expense and a benefit paid.

**"Claim"** is a request that benefits of a Plan be provided or paid. The benefits claimed may be in the form of: (a) services (including supplies); (b) payment for all or a portion of the expenses incurred; or (c) a combination of (a) and (b).

**"Claim Determination Period"** is the period of time, which must not be less than [12 consecutive months], over which Allowable Expenses are compared with total benefits payable in the absence of COB, to determine: (a) whether

overinsurance exists; and (b) how much each Plan will pay or provide.

For the purposes of this contract, Claim Determination Period is the period of time beginning with the Effective date of coverage and ending [12 consecutive months] following the date of loss or longer as may be determined by the proof of loss provision.

## Order of Benefit Determination Rules

When This Plan is a Primary Plan, its benefits are determined before those of any other Plan and without considering another Plan's benefits.

When This Plan is a Secondary Plan, its benefits are determined after those of any other Plan only when, under these rules, it is secondary to that other Plan.

When there is a basis for a Claim under This Plan and another Plan, This Plan is a Secondary Plan that has its benefits determined after those of the other Plan, unless:

- (a) the other Plan has rules coordinating its benefits with those of This Plan; and
- (b) both those rules and This Plan's rules, as described below, require that This Plan's benefits be determined before those of the other Plan.

**Rules.** This Plan determines its order of benefits using the first of the following rules which applies:

- (a) **Nondependent/Dependent Rule.** The benefits of the Plan which covers the person as an employee, member or subscriber (that is, other than as a dependent) are determined before those of the Plan that covers the person as a dependent.
- (b) **Longer/Shorter Length of Coverage Rule.** The benefits of the Plan that covered an employee, member or subscriber longer are determined before those of the Plan that covered that person for the shorter time.

To determine the length of time a person has been covered under a Plan, two Plans shall be treated as one if the claimant was eligible under the second within [24 hours] after the first ended. Thus, the start of a new Plan does not

include: (a) a change in the amount or scope of a Plan's benefits; (b) a change in the entity which pays, provides or administers the Plan's benefits; or (c) a change from one type of Plan to another. The claimant's length of time covered under a Plan is measured from the claimant's first date of coverage under that Plan. If that date is not readily available, the date the claimant first became a member of the group shall be used as the date from which to determine the length of time the claimant's coverage under the present Plan has been in force.

### **Effect on the Benefits of This Plan When it is Secondary**

The benefits of This Plan will be reduced when it is a Secondary Plan so that the total benefits paid or provided by all Plans during a Claim Determination Period are not more than the total Allowable Expenses, not otherwise paid, which were incurred during the Claim Determination Period by the person for whom the Claim is made. As each Claim is submitted, This Plan determines its obligation to pay for Allowable Expenses based on all Claims that were submitted up to that point in time during the Claim Determination Period.

### **Right to Receive and Release Needed Information**

Certain facts are needed to apply these COB rules. We have the right to decide which facts are needed. We may get needed facts from or give them to any other organization or person. We need not tell, or get the consent of, any person to do this. Each person claiming benefits under This Plan must give Us any facts We need to pay the Claim.

### **Facility of Payment**

A payment made under another Plan may include an amount that should have been paid under This Plan. If it does, We may pay that amount to the organization that made that payment. That amount will then be treated as though it were a benefit paid under This Plan. We will not have to pay that amount again. The term "payment made" includes providing benefits in the form of services, in which case "payment made" means reasonable monetary value of the benefits provided in the form of services.

### **Right of Recovery**

If the amount of the payments made by Us is more than We should have paid under this COB provision, We may recover the excess from one or more of: (a) the persons We have paid or for whom We have paid; (b) insurance companies; or (c) other organizations.

### **Non-complying Plans**

This Plan may coordinate its benefits with a Plan that is excess or always secondary or which uses order of benefit determination rules which are inconsistent with those of This Plan (non-complying Plan) on the following basis:

- (a) If This Plan is the Primary Plan, This Plan will pay its benefits on a primary basis;
- (b) if This Plan is the Secondary Plan, This Plan will pay its benefits first, but the amount of the benefits payable will be determined as if This Plan were the Secondary Plan. In this situation, Our payment will be the limit of This Plan's liability; and
- (c) if the non-complying Plan does not provide the information needed by This Plan to determine its benefits within [30 days] after it is requested to do so, We will assume that the benefits of the non-complying Plan are identical to This Plan and will pay benefits accordingly. However, We will adjust any payments made based on this assumption whenever information becomes available as to the actual benefits of the non-complying Plan.]

## **[[YOUTH] [AND FAMILY] PROGRAM RIDER**

This [Youth] [and Family] Program Rider is a part of the [Certificate] [Plan] to which it is attached. It is issued in consideration of payment of the required premium.

The [Certificate] [Plan] is amended as follows:

Under all provisions of the [Certificate] [Plan], the term Trip is hereby deleted and replaced by [Youth] [and Family] Program; the term Travel Supplier is hereby deleted and replaced by Program Supplier; and the term "Insured" is hereby deleted and replaced by [Youth] [and Family] Program Participant; the term "Trip" is hereby deleted and replaced by [Youth] [and Family] Program and the definitions of "Travel Arrangements", "Travel Supplier", "Trip", "Insured", and "Scheduled Departure Date" are deleted in their entirety and the following definitions are added as follows:

**["Program Arrangements"** means: (a) transportation; (b) accommodations; and (c) other specified services arranged by the Program Supplier for the Program. [Air arrangements covered by this definition also include any direct round trip air flights booked by others, to and from the scheduled [Youth] [and Family] Program departure and return cities, provided the dates of travel for the air flights are within [7] total days of the scheduled [Youth] [and Family] Program dates.]]

**["Program Supplier"** means [any entity or organization that coordinates or supplies travel services for You] [Travel Supplier name].]

**["Scheduled Departure Date"** means the date on which You are originally scheduled to leave on the [Youth] [and Family] Program.]

**["Scheduled Session Commencement Date"** means the date on which the [Youth] [and Family] Program session for which the [Youth] [and Family] Program Participant elects coverage is scheduled to commence.]

**["[Youth] [and Family] Program"** means the scheduled [Youth] [and Family] program session for which the [Youth] [and Family] Program Participant elects coverage and pays the premium prior to the Scheduled Session Commencement Date.]

**["[Youth] [and Family] Program Fees"** means the cash, check, [or] credit card amounts actually paid for the [Youth]

[and Family] Program [fees] [and] [or] [tuition] [and any prepaid air or land transportation expenses to and from the [Youth] [and Family] Program Participant's home to attend the [Youth] [and Family] Program session]. [Discounts and/or credits] applied (in part or in full) towards the cost of Your Program Arrangements are not [Youth] [and Family] Program Fees as defined herein.]]

**["[Youth] [and Family] Program Participant"** means an Eligible Person who enrolls in a [Youth] [and Family] Program [, completes any required enrollment form,] and pays any required premium.]

### **Replace Trip Cancellation, Trip Interruption and Travel Delay**

The **TRIP CANCELLATION, TRIP INTERRUPTION AND TRAVEL DELAY** provisions are deleted in their entirety and replaced as follows:

#### **[YOUTH] [AND FAMILY] PROGRAM CANCELLATION**

Benefits will be paid, up to the Maximum Benefit Amount shown in the [Confirmation of Benefits] [Schedule of Benefits], to reimburse You for the amount of [the Published Penalties] [and] [unused non-refundable prepaid [Youth] [and Family] Program Fees] You paid for Program Arrangements [, including up to [\$150] for the cost of airline-imposed fees to rebank frequent flyer miles for air flights to join Your scheduled [Youth] [and Family] program session] when You are prevented from going on Your scheduled [Youth] [and Family] Program due to:

1. [Your, [a Family Member's] [,] [or] [Traveling Companion's] [or] [Business Partner's] [or] [Child Caregiver's] death, which occurs before departure on Your scheduled [Youth] [and Family] Program;]
2. [Your, [a Family Member's] [,] [or] [Traveling Companion's] [or] [Business Partner's] [or] [Child Caregiver's] covered [Sickness] [or] [Injury], which: a) occurs before departure on Your scheduled [Youth] [and Family] Program, b) requires Medical Treatment at the time of cancellation resulting in medically imposed restrictions, as certified by a Legally Qualified Physician, and c) and prevents Your participation in the scheduled [Youth] [and Family] Program;]
3. For the **Other Covered Reasons** listed below;

provided such circumstances occur while coverage is in effect.

**"Other Covered Reasons"** means:

- a. You or Your Traveling Companion being hijacked, quarantined, required to serve on a jury (notice of jury duty must be received after Your Effective Date) served with a court order to appear as a witness in a legal action in which You or Your Traveling Companion is not a party (except law enforcement officers);]
- b. Your or Your Traveling Companion's primary place of residence [or destination] being rendered uninhabitable [and remaining uninhabitable during scheduled [Youth] [and Family] Program,] by fire, flood, burglary or other natural disaster;]
- c. Your or Your Traveling Companion's place of employment is rendered unsuitable for business due to fire, flood, burglary or other natural disaster and You and/or Your Traveling Companion are required to work as a result;]
- d. a documented theft of passports or visas;]
- e. a permanent transfer of employment of [250] miles or more;]
- f. You or Your Traveling Companion being directly involved in a traffic accident, substantiated by a police report, while en route to Your scheduled point of departure;]
- g. unannounced Strike that causes complete cessation of services for at least [12] consecutive hours of the [Common] [Air] Carrier on which You are scheduled to travel;]
- h. Inclement Weather that causes complete cessation of services for at least [12] consecutive hours of the [Common] [Air] Carrier on which You are scheduled to travel;]
- i. mechanical breakdown that causes complete cessation of services for at least [12] consecutive hours of the [Common] [Air] Carrier on which You are scheduled to travel;]
- j. a government-mandated shutdown of an airport or air traffic control system for reasons other than terrorism or an act of war;]



- [k. You or Your Traveling Companion is in the military and called to emergency duty for a national disaster other than war;]
- [l. involuntary employer termination or layoff [which occurs [30] days or more after Your Effective Date] [of] [affecting] You [or a Traveling Companion]. Employment must have been with the same employer for at least [1] continuous year;]
- [m. a Terrorist Incident that occurs within [30] days of Your Scheduled Departure Date in a city listed on the itinerary of Your [Youth] [and Family] Program. [This same city must not have experienced a Terrorist Incident within the 90 days prior to the Terrorist Incident that is causing Your cancellation of the Trip.] [Benefits are not provided if the Program Supplier offers a substitute itinerary;]
- [n. revocation of Your previously granted military leave or re-assignment due to war. Official written revocation/re-assignment by a supervisor or commanding officer of the appropriate branch of service will be required;.] [This benefit only applies if the [Certificate] [Plan] has been purchased within [10] days of Your initial payment for the Trip and for the full cost of the Covered Trip;]
- [o. Bankruptcy or Default of [a] [an] [airline,] [or] [cruise line,] [tour operator] [or other travel provider] [other than the [Program Supplier] [,] [tour operator] [or] [travel agency,] [organization or firm] from whom You purchased [Your] Program Arrangements [supplied by others]] causing a complete cessation of travel services more than [14] days following Your Effective Date. [Benefits will be paid due to Bankruptcy or Default of an airline only if no alternate transportation is available. If alternate transportation is available, benefits will be limited to the change fee charged to allow You to transfer to another airline in order to get to Your intended destination.] This benefit only applies if the [Certificate] [Plan] has been purchased [within [15] days of the date Your initial deposit/payment for the [Youth] [and Family] Program is received;] [at or before the final payment due date for [Youth] [and Family] Program;] [with or before the final payment for the [Youth] [and Family] Program;] [no later than [60] days prior to the Scheduled Departure Date of the [Youth] [and Family] Program; or if the [Youth] [and

Family] Program is initially booked within [60] days of the Scheduled Departure Date of the [Youth] [and Family] Program, Your payment for this plan is received [with] [within [2] days of] the initial deposit/payment for the [Youth] [and Family] Program;] [within [7] days] of [February 1st of each year] [the date of the acceptance letter from [Program Supplier Name]] [and You insure the full cost of the [Youth] [and Family] Program subject to penalties or restrictions];]

- [p. Your family or friends living abroad with whom You are planning to stay are unable to provide accommodations due to life threatening illness, life threatening injury or death of one of them;]
- [q. You, Your Traveling Companion or a Family Member traveling with You is required to work during the [Youth] [and Family] Program. A written statement by an unrelated company official and/or the Human Resources department demonstrating revocation of previously approved time off will be required [,] [You, Your Traveling Companion or Family Member cannot be a company owner or partner] [,] [This benefit only applies if the [Certificate] [Plan] has been purchased [within [15] days of Your initial payment for the [Youth] [and Family] Program];]
- [r. mandatory evacuation, or official public evacuation advisements where there is no mandatory evacuation order issued, by local government authorities at Your [Youth] [and Family] Program destination due to adverse weather or natural disaster. In order to cancel Your [Youth] [and Family] Program, You must have [4] days or [50%] of Your total [Youth] [and Family] Program length or less remaining on Your [Youth] [and Family] Program at the time the mandatory evacuation ends;]
- [s. felonious assault of You or Your Traveling Companion within [10] days of the Scheduled Program Commencement Date;]
- [t. You, Your Traveling Companion or Family Member traveling with You are directly involved in the merger of Your employer or the acquisition of Your employer by another company[.]] [You, Your Traveling Companion or Family Member cannot be a company owner or partner];]

- [u. a cancellation of Your [Youth] [and Family] Program within [24] hours of Your Scheduled Program Commencement Date and time if Your [Youth] [and Family] Program destination is under a hurricane warning issued by the NOAA National Hurricane Center, provided the cancellation of Your [Youth] [and Family] Program occurs more than [14] days following Your Effective Date of coverage for the Program Cancellation Benefits;]

- [v. the primary or secondary school that You, Your Family Member or Traveling Companion attends continues classes beyond the predefined school year, due to unforeseeable events which: 1) occur after Your Effective Date for Trip Cancellation; and 2) cause the classes to extend beyond the Scheduled Departure Date of Your [Youth] [and Family] Program. Extensions due to extra-curricular or athletic events are not covered;]

- [w. a cancellation of Your [Youth] [and Family] Program if Your arrival on the [Youth] [and Family] Program is delayed and causes You to lose 50% or more of the scheduled [Youth] [and Family] Program duration due to the reasons covered under the Missed Connection Benefit].]

[If You must reschedule the Trip due to a covered reason a benefit will be paid, up to a maximum of [\$150], for the reissue fee charged by the airline to change Your tickets.]

[All cancellations must be reported to the Travel Supplier within [72] hours of the event causing the need to cancel. If the event delays the reporting of the cancellation beyond the [72] hours, the event should be reported as soon as possible. Increased amounts of [Published Penalties] [and] [unused non-refundable prepaid Payments [or Deposits] that result from all other delays of reporting beyond [72] hours] are not covered.]

[If Your Program Supplier cancels Your Trip, a benefit will be paid [up to \$150] for the reissue fee charged by the airline for the tickets. [You must have covered the entire cost of the Trip including the airfare cost.]]

[The maximum payable under this benefit is the lesser of a) the Maximum Benefit Amount shown in the Schedule of Benefits; or b) the total amount of coverage You purchased.]

**[[Single Supplement]**

[Benefits will be paid, up to the Maximum Benefit Amount, for the additional cost incurred as a result of a change in the per person occupancy rate for prepaid Travel Arrangements if a Traveling Companion's or Family Member's Trip is canceled for a covered reason and You do not cancel Your Trip.]

[These benefits will not duplicate any other benefits payable under the [Certificate] [Plan] or any coverage(s) attached to the [Certificate] [Plan].]

#### **[[YOUTH] [AND FAMILY] PROGRAM SESSION INTERRUPTION]**

Benefits will be paid, up to [the lesser of a)] the Maximum Benefit Amount shown in the [Confirmation of Benefits] [Schedule of Benefits] [; or b)] [150% of] the total amount of coverage You purchased], to reimburse You for the prepaid Payments [or Deposits] for unused non-refundable land or water Program Arrangements] [plus] [the Additional Transportation Cost paid]:

- [a] to join Your [Youth] [and Family] Program if You must depart after Your scheduled departure date or travel via alternate travel arrangements by the most direct route possible to reach Your Program destination; or]
- [b] [to rejoin Your [Youth] [and Family] Program or] transport You to Your originally scheduled return destination, if You must interrupt Your [Youth] [and Family] Program after departure [, each by the most direct route possible].]

Program Interruption must be due to:

- 1. [Your, [a Family Member's] [,] [or] Traveling Companion's] [or] [Business Partner's] [or] [Child Caregiver's] death, which occurs while You are on Your [Youth] [and Family] Program;]
- 2. [Your, [a Family Member's] [,] [or] Traveling Companion's] [or] [Business Partner's] [or] [Child Caregiver's] covered [Sickness] [or] [Injury] which: a) occurs while You are on Your [Youth] [and Family] Program, b) requires Medical Treatment at the time of interruption resulting in medically imposed restrictions, as certified by a Legally Qualified Physician, and c) prevents Your continued participation on the [Youth] [and Family] Program;]

- 3. For the **Other Covered Reasons** listed below;

provided such circumstances occur while coverage is in effect.

**"Other Covered Reasons"** means:

- [a. You or Your Traveling Companion being hijacked, quarantined, required to serve on a jury (notice of jury duty must be received after Your Effective Date) served with a court order to appear as a witness in a legal action in which You or Your Traveling Companion is not a party (except law enforcement officers);]
- [b. Your or Your Traveling Companion's primary place of residence [or destination] being rendered uninhabitable [and remaining uninhabitable during scheduled [Youth] [and Family] Program,] by fire, flood, burglary or other natural disaster;]
- [c. Your or Your Traveling Companion's place of employment is rendered unsuitable for business due to fire, flood, burglary or other natural disaster and You and/or Your Traveling Companion are required to work as a result;]
- [d. a documented theft of passports or visas;]
- [e. a permanent transfer of employment of [250] miles or more;]
- [f. You or Your Traveling Companion being directly involved in a traffic accident, substantiated by a police report, while en route to Your scheduled point of departure;]
- [g. unannounced Strike that causes complete cessation of services for at least [12] consecutive hours of the [Common] [Air] Carrier on which You are scheduled to travel;]
- [h. Inclement Weather that causes complete cessation of services for at least [12] consecutive hours of the [Common] [Air] Carrier on which You are scheduled to travel;]
- [i. mechanical breakdown that causes complete cessation of services for at least [12] consecutive hours of the [Common] [Air] Carrier on which You are scheduled to travel;]

- [j. a government-mandated shutdown of an airport or air traffic control system for reasons other than terrorism or an act of war;]
- [k. You or Your Traveling Companion is in the military and called to emergency duty for a national disaster other than war;]
- [l. involuntary employer termination or layoff [which occurs [30] days or more after Your Effective Date] [of] [affecting] You [or a Traveling Companion]. Employment must have been with the same employer for at least [1] continuous year;]
- [m. a Terrorist Incident that occurs within [30] days of Your Scheduled Departure Date in a city listed on the itinerary of Your [Youth] [and Family] Program. [This same city must not have experienced a Terrorist Incident within the 90 days prior to the Terrorist Incident that is causing Your interruption of the Trip.] [Benefits are not provided if the Program Supplier offers a substitute itinerary];]
- [n. revocation of Your previously granted military leave or re-assignment due to war. Official written revocation/re-assignment by a supervisor or commanding officer of the appropriate branch of service will be required[;].][This benefit only applies if the [Certificate] [Plan] has been purchased within [10] days of Your initial payment for the Trip and for the full cost of the Trip];]
- [o. Bankruptcy or Default of [a] [an] [airline,] [or] [cruise line,] [tour operator] [or other travel provider] [(other than the [Program Supplier] [,] [tour operator] [or] [travel agency,] [organization or firm] from whom You purchased [Your] Program Arrangements [supplied by others])] causing a complete cessation of travel services more than [14] days following Your Effective Date. [Benefits will be paid due to Bankruptcy or Default of an airline only if no alternate transportation is available. If alternate transportation is available, benefits will be limited to the change fee charged to allow You to transfer to another airline in order to get to Your intended destination.] This benefit only applies if the [Certificate] [Plan] has been purchased [within [15] days of the date Your initial deposit/payment for the [Youth] [and Family] Program is received;] [at or before the final payment due date for [Youth] [and Family] Program;] [with or before the final payment for the [Youth] [and Family] Program;] [no later

than [60] days prior to the Scheduled Departure Date of the [Youth] [and Family] Program; or if the [Youth] [and Family] Program is initially booked within [60] days of the Scheduled Departure Date of the [Youth] [and Family] Program, Your payment for this plan is received [with] [within [2] days of] the initial deposit/payment for the [Youth] [and Family] Program;] [within [7] days] of [February 1st of each year] [the date of the acceptance letter from [Program Supplier Name]] [and You insure the full cost of the [Youth] [and Family] Program subject to penalties or restrictions];]

- [p. Your family or friends living abroad with whom You are planning to stay are unable to provide accommodations due to life threatening illness, life threatening injury or death of one of them;]
- [q. You, Your Traveling Companion or a Family Member traveling with You is required to work during the [Youth] [and Family] Program. A written statement by an unrelated company official and/or the Human Resources department demonstrating revocation of previously approved time off will be required [.] [You, Your Traveling Companion or Family Member cannot be a company owner or partner] [.] [This benefit only applies if the [Certificate] [Plan] has been purchased [within [15] days of Your initial payment for the [Youth] [and Family] Program];]
- [r. mandatory evacuation, or official public evacuation advisements where there is no mandatory evacuation order issued, by local government authorities at Your [Youth] [and Family] Program destination due to adverse weather or natural disaster. In order to cancel Your [Youth] [and Family] Program, You must have [4] days or [50%] of Your total [Youth] [and Family] Program length or less remaining on Your [Youth] [and Family] Program at the time the mandatory evacuation ends;]
- [s. felonious assault of You or Your Traveling Companion within [10] days of the Scheduled Program Commencement Date;]
- [t. You, Your Traveling Companion or Family Member traveling with You are directly involved in the merger of Your employer or the acquisition of Your employer by another company][.] [You, Your Traveling

Companion or Family Member cannot be a company owner or partner];]

- [u. a cancellation of Your [Youth] [and Family] Program within [24] hours of Your Scheduled Program Commencement Date and time if Your [Youth] [and Family] Program destination is under a hurricane warning issued by the NOAA National Hurricane Center, provided the cancellation of Your [Youth] [and Family] Program occurs more than [14] days following Your Effective Date of coverage for the Program Cancellation Benefits;]
- [v. the primary or secondary school that You, Your Family Member or Traveling Companion attends continues classes beyond the predefined school year, due to unforeseeable events which: 1) occur after Your Effective Date for Trip Cancellation; and 2) cause the classes to extend beyond the Scheduled Departure Date of Your [Youth] [and Family] Program. Extensions due to extra-curricular or athletic events are not covered;]
- [w. a cancellation of Your [Youth] [and Family] Program if Your arrival on the [Youth] [and Family] Program is delayed and causes You to lose 50% or more of the scheduled [Youth] [and Family] Program duration due to the reasons covered under the Missed Connection Benefit].]

#### **[[Additional Program Interruption Benefits:]**

[If Your Traveling Companion must remain hospitalized, benefits will also be paid for reasonable accommodation [, telephone call] and transportation expenses incurred by You to remain with Your Traveling Companion up to [[100] per day, limited to [10] days] [a maximum of [\$1,000].]

[If You cannot continue travel due to a covered Injury or Sickness not requiring hospitalization, and You must extend Your [Youth] [and Family] Program due to medically imposed restrictions, as certified by a Legally Qualified Physician, benefits will be paid for additional hotel nights up to [[100] per day, limited to [10] days] [a maximum of [\$1,000].]

[If You interrupt Your [Youth] [and Family] Program for a covered reason, We will also reimburse You, up to [\$500], for the amount of unused, forfeited, non-refundable payments for shore excursions; theater, concert or event tickets or fees; or sightseeing if such arrangements are

made during Your [Youth] [and Family] Program and are to be used prior to the scheduled return from Your [Youth] [and Family] Program.]

#### **[[Single Supplement]**

[Benefits will be paid, up to the Maximum Benefit Amount, for the additional cost incurred as a result of a change in the per person occupancy rate for prepaid Program Arrangements if a Traveling Companion's or Family Member's [Youth] [and Family] Program is interrupted for a covered reason and You do not interrupt Your Trip.]

[These benefits will not duplicate any other benefits payable under the [Certificate] [Plan] or any coverage(s) attached to the [Certificate] [Plan].]]

#### **[[TRAVEL DELAY]**

Benefits will be paid for reasonable accommodation, meal, [, telephone call] and local transportation expenses incurred by You, up to the Maximum Benefit Amount shown in the [Confirmation of Benefits] [Schedule of Benefits], if You are delayed for [12] hours or more while en route to or from, or during Your [Youth] [and Family] Program, due to:

- a) any delay of a Common Carrier (the delay must be certified by the Common Carrier);
- b) a traffic accident in which You or Your Traveling Companion are not directly involved (must be substantiated by a police report);
- c) lost or stolen passports, travel documents or money (must be substantiated by a police report);
- d) quarantine, hijacking, Strike, natural disaster, terrorism or riot;
- e) a documented weather condition preventing You from getting to the point of departure.

[If You are delayed by a Common Carrier while en route to the final return destination of Your [Youth] [and Family] Program and have placed Your cat or dog in a kennel for the duration of the [Youth] [and Family] Program and You unable to collect cat or dog on the day previously agreed with the kennel, benefits will be paid up to [\$50 per day,] [on a one-time basis,] up to the Maximum Benefit Amount to cover the necessary additional kennel fees.

You must provide the following documentation when presenting a claim for these benefits:

- a) Written confirmation of the reasons for delay from the Common Carrier whose delay resulted in the loss, including but not limited to; scheduled departure and return times and actual departure and return times;
- b) Written confirmation from the kennel advising the original pick-up date and the actual pick-up date.]

[Benefits will not be paid for any expenses, which have been reimbursed, or for any services that have been provided by the Common Carrier.]

[We will reimburse You up to [\$100] for airline club admission incurred at a sponsored airline club at the airport during which time you are experiencing a flight delay. Receipts for the expenses incurred must be submitted for reimbursement.]

[We will reimburse You up to [\$50] for expenses incurred directly related to internet usage fees incurred during the time You are experiencing a Common Carrier delay. Receipts for the expenses incurred must be submitted for reimbursement.]

[We will reimburse You for one movie rental up to [\$25], in the event Your delay results in an overnight stay (other than Your home residence) if You are delayed en route to or from the [Covered] Trip. This does not include movie rentals that are rated "X" or above by the Classification and Rating Administration (CARA).]

[These benefits will not duplicate any other benefits payable under the [Certificate] [Plan] or any coverage(s) attached to the [Certificate] [Plan].]

**[[VACATION RENTAL] [TIMESHARE EXCHANGE]  
RIDER**

This [Vacation Rental] [Timeshare Exchange] Rider is a part of the [Certificate] [Plan] to which it is attached. It is issued in consideration of payment of the required premium.

The [Certificate] [Plan] is amended as follows:

[The following **TRIP CANCELLATION** provision is deleted in its entirety:

**[TRIP CANCELLATION]**

Benefits will be paid, up to the Maximum Benefit Amount shown in the [Confirmation of Benefits] [Schedule of Benefits], to reimburse You for the amount of [the Published Penalties] [and] [unused non-refundable prepaid Payments or Deposits] You paid for Travel Arrangements [, including up to [\$150] for the cost of airline-imposed fees to rebook frequent flyer miles for air flights to join Your Trip] when You are prevented from taking Your Trip due to:

and replaced as follows:

**[[VACATION RENTAL] [TIMESHARE EXCHANGE]  
CANCELLATION]**

[A [Vacation Rental] [Timeshare Exchange] Cancellation Benefit will be paid, up to the amount shown in the [Confirmation of Benefits] [Schedule of Benefits] to reimburse You for the amount of [the Published Penalties] [and] [unused non-refundable prepaid Payments or Deposits] for [Timeshare] Travel Arrangements, [Exchange Fees], [Maintenance Charges], [and] [I] [or] [Guest Fees] that You paid for Your Trip [and] [I] [or] [Timeshare Exchange]. [Reimbursement for Maintenance Charges will only be made in the event Your scheduled Trip must be cancelled due to closure of the [timeshare] [vacation rental] property by the [Exchange Company] [Vacation Rental Company] [or] [Federal, state or local authorities] due to a natural disaster.]

[The following **TRIP INTERRUPTION** provision is deleted in its entirety:

**[TRIP INTERRUPTION]**

Benefits will be paid, up to [the lesser of a)] the Maximum Benefit Amount shown in the [Confirmation of Benefits] [Schedule of Benefits] [; or b)] [150% of] the total amount of coverage You purchased], to reimburse You for the prepaid Payments [or Deposits] for unused non-refundable land or water Travel Arrangements] [plus] [the Additional Transportation Cost paid]:

- [a] to join Your {Covered] Trip if You must depart after Your Scheduled Departure Date or travel via alternate travel arrangements by the most direct route possible to reach Your Trip destination; or]
- [b] [to rejoin Your Trip or] transport You to Your originally scheduled return destination, if You must interrupt Your Trip after departure [, each by the most direct route possible].]

and replaced as follows:

**[[VACATION RENTAL] [TIMESHARE EXCHANGE]  
INTERRUPTION]**

Benefits will be paid, up to [the lesser of a)] the Maximum Benefit Amount shown in the [Confirmation of Benefits] [Schedule of Benefits] [; or b)] [150% of] the total amount of coverage You purchased], to reimburse You for the prepaid Payments [or Deposits] for unused non-refundable land or water [Timeshare] Travel Arrangements] [plus] [the Additional Transportation Cost paid]:

- [a] to join Your Trip if You must depart after Your Scheduled Departure Date or travel via alternate travel arrangements by the most direct route possible to reach Your Trip destination; or]
- [b] to [rejoin Your Trip or] transport You to Your originally scheduled return destination, if You must interrupt Your Trip after departure [, each by the most direct route possible].]

[We will also reimburse You for the cost incurred [up to \$250] [in the [Confirmation of Benefits] [Schedule of Benefits]] to drive [or transport] Your Covered Vehicle to Your Home if: 1) You are using Your Covered Vehicle on the Trip; 2) the Covered Vehicle is with You at the place where the Trip is

interrupted; 3) the place where the Trip is interrupted is [100] miles or more away from Your Home, and 4) You are [medically] unable to drive Home.]]

**The Definitions Section of the [Certificate] [Plan] is amended to add the following Definitions:**

**["Covered Vehicle"** means a private passenger vehicle [(including mini-vans, pickup trucks and sport utility vehicles)] owned by or under long term lease [(1) year or more] to You.]

**["Exchange Company"** means an organization under contract with You to provide Timeshare Exchange vacation time within a network of Exchange Properties.]

**["Exchange Fees"** means the fees charged by the Exchange Company to reserve Timeshare Exchange accommodations at Exchange Properties.]

**["Exchange Properties"** means resorts or hotels within an Exchange Company network to provide Timeshare Exchange accommodations for contracted members.]

**["Guest Fees"** means the fees associated with the issuance of a Guest Certificate on behalf of You to another person when such Guest Certificate has been used for an Exchange.]

**["Home"** means Your primary place of residence.]

**["Home Resort"** means a resort at which You own Timeshare Exchange vacation time.]

**["Maintenance Charges"** means the annual assessment paid for maintenance, taxes and management fees for the Home Resort owned by You.]

**["Timeshare Exchange"** means the process pursuant to an agreement between You and the Exchange Company whereby You exchange vacation time in Your Home Resort for a comparable vacation in an Exchange Property.]

**["Timeshare Points"** means the currency or value of the points allocated or used for Your Timeshare Travel Arrangements or Timeshare Exchange by the Exchange Company.]

[[The following **TRIP PROPERTY DAMAGE LIABILITY** coverage is added to the [Certificate] [Plan]:]

**[[COVERAGE S]  
[PROPERTY DAMAGE LIABILITY]**

[If You rent or are otherwise booked to stay in an apartment; condominium; or other vacation or [time share] residential unit during Your Trip, We will reimburse You up to [\$5,000] for Your liability for damage to any such unit or its contents, subject to the following:

- 1) [the damage to any such unit or its contents must be caused by an accident beyond Your control that occurs during Your occupancy of the unit on Your Trip; and ]
- 2) [this benefit applies only to any liability or obligation You expressly assume under a written agreement for the rental or use of any such unit by You during Your Trip, provided the agreement is executed by You prior to Your occupancy of the unit; and]
- 3) [the owner, lessor or legal representative of any such unit has made formal written demand to You for loss or damage to such unit or its contents; and]
- 4) [You are adjudged or determined to be responsible for the loss or damage to any such unit.]

**[This coverage does not apply to:**

- a. [any loss to motor homes; recreational vehicles; trailers; campers; boats or other watercraft; or any other vehicles or conveyances, whether motorized or not; or]
- b. [any loss which occurs as the result of an act or activity of You, [Your Traveling Companion] [or Family Member] traveling with You that is in violation of the written agreement for the rental or use of any such unit by You during Your Trip; or]
- c. [any loss or damage to any other property or person as a result of a covered loss; or]

- d. [any loss or damage to a [hotel room] [or suite], [motel room] [or suite] [or similar lodging [room] [or suite]; or]
- e. [any loss or damage arising from pets or other animals accompanying You, Your [Traveling Companion] or [Family Member] traveling with You during Your Trip.]]

Benefits are subject to all terms and conditions of the [Certificate] [Plan]. This Amendment does not waive, alter, or extend any provisions, limitations, or exclusions of the [Certificate] [Plan] except to the extent shown above.

[This Amendment takes effect and ends concurrently with the [Certificate] [Plan] or [Certificate] [Plan] to which it is attached.]

[These benefits will not duplicate any other benefits payable under the [Certificate] [Plan] or any coverage(s) attached to the [Certificate] [Plan].]]

**UNITED STATES FIRE INSURANCE COMPANY**  
**[ 5 Christopher Way, Eatontown, New Jersey 07724]**

**TRAVEL PROTECTION POLICY APPLICATION**  
**FOR COVERAGE UNDER POLICY [T110-001]**

Application is made for travel insurance under the Policy based on statements and representations in this application and any attachments. This application will apply to Covered Trips for which prior arrangements have been made before the Scheduled Departure Date.

**BENEFITS FOR CLASSES OF ELIGIBLE INSUREDS**

	<u>Maximum Limits</u>
[ 24-Hour Accidental Death and Dismemberment	\$(10,000) ]
[Common Carrier Accidental Death and Dismemberment	\$( 5,000) ]
[Accidental Death and Dismemberment – Flight Only	\$( 5,000) ]
[Accident Medical Coverage	\$(10,000) ]
[Sickness Medical Expense	\$( 5,000) ]
[Trip Cancellation	\$(Up To Trip Cost) ]
[Trip Interruption	[100%] ]
[Baggage and Personal Effects	\$( 1,000) ]
[Trip Delay / Missed Connection	\$( 300) ]
[Itinerary Change	\$( 300) ]
[Emergency Medical Evacuation, Medical Repatriation, and Return of Remains	\$(50,000) ]

1. **PREMIUMS:** [ \$xx.xx ]
2. **POLICY DATE:** [ January 1, 2011 ]
3. **TERM:** 12 months – continuous until cancelled

**Fraud Warning: Any person who, with intent to defraud or knowingly facilitates a fraud against an insurer, submits an application or files a claim that contains a false or deceptive statement, or conceals information for the purpose of misleading, may be guilty of insurance fraud and subject to criminal and/or civil penalties.**

FOR THE POLICYHOLDER: \_\_\_\_\_  
SIGNATURE: \_\_\_\_\_  
NAME / TITLE (Print): \_\_\_\_\_  
DATE: \_\_\_\_\_

FOR THE COMPANY: \_\_\_\_\_  
SIGNATURE: \_\_\_\_\_  
NAME / TITLE (Print): \_\_\_\_\_  
DATE: \_\_\_\_\_

APPLICATION FOR POLICY NUMBER: \_\_\_\_\_

**ENROLLMENT FORM FOR INSURANCE TO  
UNITED STATES FIRE INSURANCE COMPANY**

**1. Applicant Information**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_

Passport Number: \_\_\_\_\_

Issuing Country: \_\_\_\_\_

Country of Permanent, fixed Residence (Home Country): \_\_\_\_\_

**5. Names of Persons to be insured: Date of Birth Age Monthly # of Daily # of**  
(month/day/year - Required) Rate\* months Rate\* days

Applicant	____/____/____	X	____	=	____	X	____	=	____
Spouse	____/____/____	X	____	=	____	X	____	=	____
Child	____/____/____	X	____	=	____	X	____	=	____
Child	____/____/____	X	____	=	____	X	____	=	____

Please attach additional sheet for more children \*use applicable monthly and daily rates \_\_\_\_\_

**Total (A) Total (B)**

Please indicate beneficiaries for the accidental death and common carrier accidental death benefits. Unless indicated otherwise, the Applicant will be deemed the beneficiary for this/her spouse and children.

Beneficiary for Applicant: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

Beneficiary for Spouse/Children: \_\_\_\_\_

Relationship to Spouse/Children: \_\_\_\_\_ +

Name: \_\_\_\_\_

E-mail: \_\_\_\_\_

Address, City, State, Country, Postal Code: \_\_\_\_\_

Work Phone: ( ) \_\_\_\_\_ Home

Phone: ( ) \_\_\_\_\_

**2. Address of Correspondence (where EOB and ID card should be sent)**

**3. If you have been previously insured by Travel Insured, please provide your ID#:**

**6. (month/date/year)**

Requested effective date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Departure date from your home country: \_\_\_\_/\_\_\_\_/\_\_\_\_

Return date to Home Country: \_\_\_\_/\_\_\_\_/\_\_\_\_

**4. Check the appropriate coverage plan:**

Are you a U.S. Citizen Traveling outside the U.S.? \_\_\_\_ yes \_\_\_\_ no: \_\_\_\_

Are you a Non-U.S. Citizen Traveling outside your Home Country? \_\_\_\_ yes \_\_\_\_ no

**Fraud Warning:** Any person who, with intent to defraud or knowingly facilitates a fraud against an insurer, submits an application or files a claim that contains a false or deceptive statement, or conceals information for the purpose of misleading, may be guilty of insurance fraud and subject to criminal and/or civil penalties. (Not applicable in Virginia).



# UNITED STATES FIRE INSURANCE COMPANY

Administrative Office: 5 Christopher Way • Eatontown, NJ 07724

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## PARTICIPATION AGREEMENT

The undersigned Organization is hereby applying to UNITED STATES FIRE INSURANCE COMPANY to participate in the [AMERICAN TRAVEL SERVICES TRUST] [AMERICAN CONSUMER INSURANCE TRUST] [GROUP AND BLANKET ACCIDENT & HEALTH INSURANCE TRUST]. Such participation entitles the Organization to coverage in accordance with the Schedule of benefits under the Group Policy identified below.

**GROUP POLICY:**

**TRAVEL PROTECTION POLICY**

**GROUP POLICY NUMBER:**  
Trust)

(number assigned when the Policy was issued to the

**ORGANIZATION'S NAME:** \_\_\_\_\_ **TIN/EIN No:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**TYPE OF BUSINESS OR  
ORGANIZATION:** \_\_\_\_\_

Persons who qualify are eligible to be insured under the Group Policy provided by the Organization.

By signing this Agreement, United States Fire Insurance Company and the Organization hereby agree that execution of this Agreement constitutes participation in the [American Travel Services Trust] [DC & FL: American Consumer Insurance Trust] [Group and Blanket Accident & Health Insurance Trust]. The Organization understands that participation in the Trust is a requirement for the coverage being applied for.

**Fraud Warning:** Any person who, with intent to defraud or knowingly facilitates a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement, or conceals information for the purpose of misleading may be guilty of insurance fraud and subject to criminal and/or civil penalties.

**SIGNED FOR THE ORGANIZATION:**

IN \_\_\_\_\_, \_\_\_\_\_ **THIS** \_\_\_\_\_ **DAY OF** \_\_\_\_\_, \_\_\_\_\_.  
(City) (State)

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Signature of Authorized Person

Printed Name

Title

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SERFF Tracking Number:	CRUM-126929256	State:	Arkansas
Filing Company:	United States Fire Insurance Company	State Tracking Number:	47456
Company Tracking Number:			
TOI:	H19G Group Health - Travel	Sub-TOI:	H19G.000 Health - Travel
Product Name:	Travel Plan		
Project Name/Number:	/		

## Supporting Document Schedules

	Item Status:	Status
<b>Satisfied - Item:</b> Flesch Certification <b>Comments:</b> <b>Attachments:</b> Rule 19 Certification.pdf Cert of Compliance.pdf Readability Cert.pdf Arkansas Guaranty Association Notice.pdf	Approved-Closed	<b>Date:</b> 12/08/2010
<b>Satisfied - Item:</b> Application <b>Comments:</b> Our application is attached in the forms section.	Approved-Closed	<b>Date:</b> 12/08/2010

**United States Fire Insurance Company**  
Administrative Offices: 5 Christopher Way, 3<sup>rd</sup> Floor  
Eatontown, NJ 07724

**CERTIFICATE OF COMPLIANCE**

I certify that the attached submission meets the provisions of Rule 19 as well as all applicable requirements of the Arkansas Insurance Department.

A handwritten signature in black ink, appearing to be "J. M. Ray", is positioned above a horizontal line.

Dated: 12-02-2010

**United States Fire Insurance Company**  
Administrative Offices: 5 Christopher Way, 3<sup>rd</sup> Floor  
Eatontown, NJ 07724

**UNFAIR SEX DISCRIMINATION  
CERTIFICATE OF COMPLIANCE**

I certify that the attached submission meets the provisions of AR ADC 054 00 019  
Section 10B, as well as all applicable requirements of the Arkansas Insurance  
Department.

A handwritten signature in black ink, appearing to be "J. M. [unclear]", is positioned above a horizontal line.

Dated: 12-02-2010

**UNITED STATES FIRE INSURANCE COMPANY**

Administrative Offices: 5 Christopher Way • 3<sup>rd</sup> Floor • Eatontown, NJ 07724

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**READABILITY CERTIFICATION**

This is to certify that the attached forms achieved a combined Flesch Reading Ease Score and are in compliance with applicable laws and regulations as follows:

Form #	Title	Combined Flesch Score
T110-MP	Travel Master Policy	40.6
T110-CER	Travel Certificate of Insurance	

United States Fire Insurance Company



Signature

**Gary M. McGeddy**

Printed Name

**Executive Vice President**

Title

**December 2, 2010**

Date

# ARKANSAS NOTICE TO POLICYHOLDERS

## APPENDIX "A"

### LIMITATIONS AND EXCLUSIONS UNDER THE ARKANSAS LIFE AND HEALTH INSURANCE GUARANTY ASSOCIATION ACT

Residents of this state who purchase life insurance, annuities or health and accident insurance should know that the insurance companies licensed in this state to write these types of insurance are members of the Arkansas Life and Health Insurance Guaranty Association ("Guaranty Association"). The purpose of the Guaranty Association is to assure that policy and contract owners will be protected, within certain limits, in the unlikely event that a member insurer becomes financially unable to meet its obligations. If this should happen, the Guaranty Association will assess its other member insurance companies for the money to pay the claims of policy owners who live in this state and, in some cases, to keep coverage in force. The valuable extra protection provided by the member insurers through the Guaranty Association is not unlimited, however. And, as noted in the box below, this protection is not a substitute for consumers' care in selecting insurance companies that are well managed and financially stable.

#### DISCLAIMER

The Arkansas Life and Health Insurance Guaranty Association ("Guaranty Association") may not provide coverage for this policy. If coverage is provided, it may be subject to substantial limitations or exclusions and require continued residency in this state. You should not rely on coverage by the Guaranty Association in purchasing an insurance policy or contract.

Coverage is NOT provided for your policy or contract or any portion of it that is not guaranteed by the insurer or for which you have assumed the risk, such as non-guaranteed amounts held in a separate account under a variable life or variable annuity contract.

Insurance companies or their agents are required by law to provide you with this notice. However, insurance companies and their agents are prohibited by law from using the existence of the Guaranty Association to induce you to purchase any kind of insurance policy.

The Arkansas Life and Health Insurance Guaranty Association  
425 West Capitol Avenue, Suite 3700  
Little Rock, AR 72201

Arkansas Insurance Department  
1200 West Third Street  
Little Rock, Arkansas 72201-1904

The state law that provides for this safety-net is called the Arkansas Life and Health Insurance Guaranty Association Act ("Act"). Below is a brief summary of the Act's coverages, exclusions and limits. This summary does not cover all provisions of the Act; nor does it in any way change anyone's rights or obligations under the Act or the rights or obligations of the Guaranty Association.

# NOTICE TO POLICYHOLDERS

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## COVERAGE

Generally, individuals will be protected by the Guaranty Association if they live in this state and hold a life, annuity or health insurance contract or policy, or if they are insured under a group insurance contract issued by a member insurer. The beneficiaries, payees or assignees of policy or contract owners are protected as well, even if they live in another state.

## EXCLUSIONS FROM COVERAGE

However, persons owning such policies are NOT protected by the Guaranty Association if:

- They are eligible for protection under the laws of another state (this may occur when the insolvent insurer was incorporated in another state whose guaranty association protects insureds who live outside that state);
- The insurer was not authorized to do business in this state;
- Their policy or contract was issued by a nonprofit hospital or medical service organization, an HMO, a fraternal benefit society, a mandatory state pooling plan, a mutual assessment company or similar plan in which the policy or contract owner is subject to future assessments, or by an insurance exchange.

The Guaranty Association also does NOT provide coverage for:

- Any policy or contract or portion thereof which is not guaranteed by the insurer or for which the owner has assumed the risk, such as non-guaranteed amounts held in a separate account under a variable life or variable annuity contract;
- Any policy of reinsurance (unless an assumption certificate was issued);
- Interest rate yields that exceed an average rate;
- Dividends and voting rights and experience rating credits;
- Credits given in connection with the administration of a policy by a group contract holder;
- Employers' plans to the extent they are self-funded (that is, not insured by an insurance company, even if an insurance company administers them);
- Unallocated annuity contracts (which give rights to group contractholders, not individuals);
- Unallocated annuity contracts issued to/in connection with benefit plans protected under Federal Pension Benefit Corporation ("FPBC")(whether the FPBC is yet liable or not);
- Portions of an unallocated annuity contract not owned by a benefit plan or a government lottery (unless the owner is a resident) or issued to a collective investment trust or similar pooled fund offered by a bank or other financial institution);
- Portions of a policy or contract to the extent assessments required by law for the Guaranty Association are preempted by State or Federal law;
- Obligations that do not arise under the policy or contract, including claims based on marketing materials or side letters, riders, or other documents which do not meet filing requirements, or claims for policy misrepresentations, or extra-contractual or penalty claims;
- Contractual agreements establishing the member insurer's obligations to provide book value accounting guarantees for defined contribution benefit plan participants (by reference to a portfolio of assets owned by a nonaffiliate benefit plan or its trustees).

## NOTICE TO POLICYHOLDERS

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### LIMITS ON AMOUNT OF COVERAGE

The Act also limits the amount the Guaranty Association is obligated to cover: The Guaranty Association cannot pay more than what the insurance company would owe under a policy or contract. Also, for any one insured life, the Guaranty Association will pay a maximum of \$300,000 - no matter how many policies and contracts there were with the same company, even if they provided different types of coverages. Within this overall \$300,000 limit, the Association will not pay more than \$300,000 in health insurance benefits, \$300,000 in present value of annuity benefits, or \$300,000 in life insurance death benefits or net cash surrender values - again, no matter how many policies and contracts there were with the same company, and no matter how many different types of coverages. There is a \$1, 000,000 limit with respect to any contract holder for unallocated annuity benefits, irrespective of the number of contracts held by the contract holder. These are limitations for which the Guaranty Association is obligated before taking into account either its subrogation and assignment rights or the extent to which those benefits could be provided out of the assets of the impaired or insolvent insurer.